VA ADJUDICATION OF BENEFITS CLAIMS FILED BY VETERANS OF THE PERSIAN GULF WAR

HEARING

BEFORE THE

SUBCOMMITTEE ON COMPENSATION, PENSION AND INSURANCE

OF THE

COMMITTEE ON VETERANS' AFFAIRS HOUSE OF REPRESENTATIVES

ONE HUNDRED THIRD CONGRESS

FIRST SESSION

JUNE 8, 1993

Printed for the use of the Committee on Veterans' Affairs

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June 8, 1993

VA ADJUDICATION OF BENEFITS CLAIMS FILED BY VETERANS OF THE PERSIAN GULF WAR

TUESDAY, JUNE 8, 1993

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON COMPENSATION,
PENSION AND INSURANCE,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC.

The subcommittee met, pursuant to call, at 9:35 a.m., in room 334, Cannon House Office Building, Hon. Jim Slattery (chairman of the subcommittee), presiding.

Present: Representative Slattery, Evans, Edwards of Texas, Tejeda, Everett, King, Montgomery.

OPENING STATEMENT OF CHAIRMAN SLATTERY

Mr. SLATTERY. Good morning, ladies and gentlemen. The subcommittee will come to order.

We are meeting this morning to hear testimony from the VA and the veterans' service organizations on the adjudication of benefits claims filed by veterans of the Persian Gulf War.

Our mission today is to gain current information on the numbers of Persian Gulf veterans who are seeking compensation, pension or death benefits, as well as the types of disabilities from which they are suffering and the numbers of cases in which benefits have been granted or denied. We also wish to learn more about the problems these veterans may be facing in establishing the validity of their claims. Finally, we want to be advised of actions the VA and the DOD are taking to insure that these veterans receive every benefit to which they may be entitled on a timely basis.

I want to assure all Persian Gulf War veterans that we will continue our oversight on this issue and that we will continue to push for a thorough examination into the causes of the disabilities from which these men and women are suffering and to look for solutions to the problems we expect to hear about today.

I look forward to hearing from our witnesses today, but before we begin I would like to recognize other members of the subcommittee who are present and wish to make an opening statement. I am advised that our distinguished ranking minority member, Mr. Bilirakis, is unable to be with us today, apparently anticipating the arrival of a grandchild. However, he is very interested in this issue and has asked that his opening statement be included in the record. So without objection, it is so ordered.

[The statement of Hon. Michael Bilirakis appears at p. 29.]

Mr. SLATTERY. I also want to commend my friend Lane Evans on the hearing his Oversight Subcommittee will be hearing tomorrow which will cover matters relating to Persian Gulf veteran health issues, and also our colleague from Massachusetts, Congressman Kennedy, who has expressed a strong interest in this area also. I commend both of these members of the Veterans' Affairs Committee for their longstanding interest in this area.

At this time I would recognize our friend from Alabama, Mr. Everett, for any opening statement he might have to make.

OPENING STATEMENT OF HON. TERRY EVERETT

Mr. EVERETT. Thank you, Mr. Chairman. I would like to commend you for your leadership in having this hearing on VA adjudication of benefit claims filed by Persian Gulf War veterans. On behalf of the 657,000 active duty and activated National Guard and Reserve units, and the 3,442 servicemen from Alabama that served in Operation Desert Storm, I feel this issue is of the highest priority.

I am glad we are holding the hearings so that we can examine not only the numbers of VA cases that are currently being treated as a result of their service in Operation Desert Storm, but also to scrutinize how the VA is currently processing these claims.

I join with the chairman in assuring all of the veterans' service organizations and the VA that this subcommittee will continue to press forward in examining the various disabilities these Desert Storm veterans are experiencing.

Thank you, Mr. Chairman.

Mr. SLATTERY. Thank you, Mr. Everett.

Does the gentleman from Texas wish to be recognized for an opening statement?

OPENING STATEMENT OF HON. CHET EDWARDS

Mr. EDWARDS of Texas. Thank you, Mr. Chairman, just very briefly. I just want to thank you for holding these hearings. I happen to represent Fort Hood in central Texas which sent 26,000 soldiers to Desert Storm. And, while it was tremendous and exciting to have them welcomed home with parades and confetti and support of the American people, certainly nothing would be more important than to see that these veterans who were hurt or affected adversely by their service in the Persian Gulf War be treated fairly.

So thank you for holding these hearings, Mr. Chairman.

Mr. SLATTERY. Thank you, Chet.

Does the gentleman from New York wish to be recognized for an opening statement? Welcome to the committee, I would add, also.

OPENING STATEMENT OF HON. PETER T. KING

Mr. KING. Thank you, Mr. Chairman. It is an honor to be on the committee. This is my first hearing, my first meeting, so I am basically just looking forward to listening to the testimony. But I do know that this is a critical issue. I had a number of reservists and National Guard from my area called up. I know there have been some problems, they feel, with the VA. So I am very interested in the testimony today.

Thank you, Mr. Chairman.

Mr. SLATTERY. Okay. Our first panel of witnesses this morning is Mr. John Vogel, who is the Deputy Under Secretary for Benefits of the Department of Veterans Affairs, and he will be accompanied by Dr. Susan Mather, who is Assistant Chief Medical Director for Environmental Medicine and Public Health, and Mr. Gary Hickman, who is the Director of Compensation and Pension Service.

Mr. Vogel, are you the one that is giving the testimony this morning?

Welcome to all of you. Mr. Vogel, the floor is yours.

STATEMENT OF R.J. VOGEL, DEPUTY UNDER SECRETARY FOR BENEFITS, DEPARTMENT OF VETERANS AFFAIRS; ACCOMPANIED BY SUSAN H. MATHER, M.D., ASSISTANT CHIEF MEDICAL DIRECTOR FOR ENVIRONMENTAL MEDICINE AND PUBLIC HEALTH; AND J. GARY HICKMAN, DIRECTOR OF THE COMPENSATION AND PENSION SERVICE

Mr. VOGEL. Thank you, Mr. Chairman. I have a brief summary statement I would like to make and ask that the full statement be made a part of the record.

Mr. SLATTERY. Without objection, yes.

Mr. VOGEL. Thank you, sir. I am pleased to be with you today to discuss what the VA has done to help Persian Gulf War veterans obtain disability benefits for illnesses or injuries resulting from the performance of their duties to our country.

With me this morning are Dr. Susan Mather, Assistant Chief Medical Director for Environmental Medicine and Public Health, and Mr. Gary Hickman, the Director of the Compensation and Pension Service.

When Operation Desert Storm began, one of VA's primary concerns was to expedite claims processing for casualties of that operation. Desert Storm teams were established at regional offices to specialize in processing claims. Of the approximately 657,000 active duty military, National Guard and reserve unit members who served in the Persian Gulf during the Persian Gulf War, 230,792 are veterans who have been discharged from the military.

As of April 19, 1993, we have received approximately 18,000 claims from these veterans or their survivors. Nearly 5,000 beneficiaries are receiving benefits and about 5,200 claims are still pending.

As veterans began filing disability claims for health problems resulting from exposure to environmental hazards endemic to the Persian Gulf theater, such as smoke from the oil well fires in Kuwait, VA also turned its attention to the long-term effects of environmental hazards to which Persian Gulf veteran may have been exposed during service in the Middle East.

Because of his concern on these issues, Secretary Brown assembled a panel of experts to examine the possible health effects of military service in the Persian Gulf, including multiple chemical sensitivity, chronic fatigue syndrome, and post-traumatic stress disorder. After their meeting last month, panel members individually concluded that additional review and analysis were essential in view of the complex scientific and medical variables associated with the various health problems.

Regarding the processing of claims, VA centralized the processing of all disability and death claims based on exposure to environmental hazards in the Persian Gulf to the Louisville, Kentucky regional office. The centralized claims processing is allowing rating specialists in Louisville to gain experience and develop further expertise in evaluating these special claims.

Approximately 1,800 claims have been received from veterans claiming disabilities as a result of exposure to environmental hazards in the Persian Gulf.

These veterans most commonly relate their disabilities to exposure to oil well fires or smoke; shots or medications; chemicals and paints, or insect bites or parasites. The primary conditions claimed are lung and upper respiratory problems, skin disorders and digestive conditions.

We have completed our review of 403 claims from veterans claiming disabilities relating to exposure to environmental hazards; 35 have been granted service connection for their disabilities as of June 1, 1993. Service connection has not been approved for some veterans because their disability was not shown by the evidence of record, including service medical records or VA examination. Further, some veterans may have suffered from acute problems, but no chronic disability exists.

Veterans who claim a disability due to exposure to environmental hazards while in the Persian Gulf are scheduled for a VA exam at the VA medical facility nearest their home. We feel it is important to conduct these examinations so that the evidence will be of record documenting a veteran's present physical condition. If a claimed disability is vague or of a generalized nature, the examination may result in a diagnosis of a specific condition and subsequent treatment by VA.

We have experienced some delays in adjudicating claims for a few veterans because doctors have been unable to assign diagnoses to account for the symptoms which the veterans are experiencing. For these cases, we rely upon the Veterans Health Administration for medical advice.

We have also experienced delays in obtaining service medical records in some claims because of the need to request them from the reserve units scattered about the country, particularly if the veteran is still a member of the active reserves. To deal with these problems, the Louisville office has designated individuals to act as liaisons between reserve units and VA. As problems arise, the reserve units are contacted to seek solutions.

In addition to establishing specific procedures for processing claims based on exposure to environmental hazards, VA has established and will maintain a health registry listing the names of certain individuals who served in the Persian Gulf War theater of operations during the Persian Gulf War.

Also, veterans listed in the registry may elect to have their medical data included in the Persian Gulf Health Registry. We have established procedures to identify and contact Persian Gulf War veterans to ensure that they have the opportunity to have their medical information included.

Mr. Chairman, VA constantly seeks to provide good and efficient service to all veterans and their families, and to fulfill our commit-

ment to those who rely on us for help. We look forward to working with you in achieving these goals. I will be happy to answer any questions that you or members of the subcommittee may have. Thank you, sir.

Mr. SLATTERY. Thank you, Mr. Vogel.

[The prepared statement of Mr. Vogel appears at p. 31.]

Mr. SLATTERY. You indicated that of the 18,000 claims from veterans or survivors nearly 5,000 are receiving benefits and about 5,200 claims are still pending. This leaves about 8,000 that were apparently denied. Is that correct?

Mr. VOGEL. That is correct, Mr. Chairman.

Mr. SLATTERY. How does this compare percentage-wise with the overall veterans population and maybe your experience with previous conflicts?

Mr. VOGEL. It is pretty much in line with historical experiences in claims, Mr. Chairman.

Mr. SLATTERY. Okay. Can you give us or provide for the record a breakdown of the types of disabilities by percentage being claimed by these veterans? You touched on some of this in your testimony. I didn't hear all of it. But can you provide for the record or tell us today what the percentage breakdown of the claims are?

Mr. VOGEL. A number of claims from Persian Gulf veterans are for shell fragment wounds, gunshot wounds, and injuries incurred while they were performing their duties in the Persian Gulf. These are the same sorts of disabilities we have seen in other conflicts. We also have seen a number of claims for conditions of the digestive system, the respiratory disabilities, or skin conditions.

Mr. SLATTERY. What percentage of these claims were environmental related type claims?

Mr. HICKMAN. About 10 percent.

Mr. SLATTERY. Pardon me?

Mr. HICKMAN. About 10 percent. We have received 18,000 claims overall, and about 1,800 veterans have alleged environmental issues as a cause of their disability.

Mr. SLATTERY. What has been your experience in obtaining service medical records from the military, particularly with respect to the Persian Gulf veterans?

Mr. VOGEL. It is probably about the same as our experiences in other kinds of claims. A number of service medical records are still in their reserve units. Reserve units don't have much experience in providing medical records to VA, so we have had a little difficulty obtaining the records from them. Most of our records, of course, come from the National Personnel Records Center in St. Louis, discharged, and, as you know, Mr. Chairman, we get the Army records directly ourselves.

Mr. SLATTERY. You don't have any serious problem then with the reservists or National Guard right now?

Mr. VOGEL. It is just a matter of working with them, having them understand what we need. They just don't have experience, but I think we are on top of the problems as they arise.

Mr. SLATTERY. About the examinations that are provided to the veterans who claim to suffer from disabilities resulting from exposure to environmental hazards, are these examinations provided at no cost to the veteran?

Mr. VOGEL. Yes, Mr. Chairman, at no cost.

Mr. SLATTERY. No cost?

Mr. VOGEL. That is correct.

Mr. SLATTERY. And are they a comprehensive type examination?

Mr. VOGEL. They are, indeed. I don't know if Dr. Mather would like to comment on that or not. Dr. Mather?

Mr. SLATTERY. Dr. Mather, would you elaborate on what you actually do with these examinations?

Dr. MATHER. Well, there will be two kinds of examination. There is the Persian Gulf Registry examination, which is a complete comprehensive examination, history and physical examination, and then there are the comp and pens—compensation and pension examinations, which are general exams but which generally target the area of concern. If the veteran is complaining of asthma, for example, it would primarily be a respiratory tract examination. If it is gastrointestinal, it would be a GI exam. If it is a hearing loss, hearing exam. That sort of thing.

Mr. SLATTERY. How much concentration is on, like on the blood and urine analysis?

Dr. MATHER. We do general blood screening test and, of course, the urinalysis as well, but then it would depend on the symptoms that the patient had for further examinations.

Mr. SLATTERY. I don't have any problem with your selection of Louisville as the centralized location for claims dealing with the environmental hazards, but I am just curious. How was that location selected?

Mr. VOGEL. At the time, Mr. Chairman, that office had an excellent record at handling claims in a timely manner. They were not backlogged at all.

Since then they have been somewhat busier and we have given them some help. But the idea of centralizing these claims at Louisville was to develop a facility that would be sensitive to the kinds of disabilities that may arise and be alert to patterns, which would not be obvious if these cases were adjudicated at 58 regional offices. Some regional offices might have received very few such claims. We thought that concentrating them in Louisville was a good way to be able to control them and to ensure good reviews.

Mr. SLATTERY. Okay. My time has expired. I recognize at this time the gentleman from Alabama.

Mr. EVERETT. A follow-up on the Louisville location. Why not centralize all Persian Gulf War veterans' claims?

Mr. VOGEL. Mr. Everett, the only claims that we are doing at Louisville are those that involve disabilities resulting from environmental hazards. The rest of the 18,000 claims for benefits are the same kinds of claims we normally receive and adjudicate all over the country. In Alabama, this occurs at the Montgomery Regional Office.

Mr. EVERETT. Have you added any additional staff on this?

Mr. VOGEL. No, sir. We haven't felt a need to put additional staff on, although in the recent past the Louisville regional office has fallen behind a little bit and we have had some of the non-Persian Gulf environmental claims for that office handled by a few adjacent offices in the South.

Mr. EVERETT. What are the major reasons for denial of Persian Gulf War veterans' claims for disability benefits?

Mr. VOGEL. Most, Mr. Everett, are denied because there is no disability found on examination, or the veteran has claimed a disability which appears to have been acute in nature, that is something happened to the veteran while in the Persian Gulf, but now on examination we don't find the condition. These are the most common reason for denial of claims for disability compensation.

Mr. EVERETT. What is being done by VA to assist veterans in development of their claims? How do we do that?

Mr. VOGEL. Mr. Everett, we have a program called Transition Assistance Program and another called Disabled Transition Assistance Program—the acronyms are TAP and DTAP. We are working with military separation centers throughout the world. We have been doing that for a few years now, and that outreach has resulted in, perhaps, more claims, but I think the quality of the claims is better. We have provided much greater assistance to military posts and separation centers throughout the world.

Mr. EVERETT. How effective is the VA's Persian Gulf Registry? And have a significant number of veterans signed onto the registry?

Mr. VOGEL. I don't know—Dr. Mather, do you know the number?

Dr. MATHER. Well, we have now in the automated database approximately 5,000 complete histories and physicals recorded. There are a number who have not yet been entered into the automated database, so I would suspect it is probably at least 8,000 or 9,000 who have participated so far.

Mr. EVERETT. When a veteran files a claim his name then automatically goes into the database?

Dr. MATHER. Yes. There are two ways: One, file a claim, or come to a VA Medical Center and ask to be examined and to have your medical record included in the registry.

Mr. EVERETT. Has anyone been named to coordinate the various agencies' research efforts on health consequences of military service in the Persian Gulf?

Dr. MATHER. My understanding is that the Secretary of Veterans Affairs has asked the White House to be named coordinator for these efforts, and we are waiting to hear.

Mr. EVERETT. No one has been named yet?

Dr. MATHER. As far as I know, no.

Mr. EVERETT. I see. Just one other question. In the area of outreach, what is the status of VA's plan for a mobile exhibit about the VA's Persian Gulf medical examination program?

Dr. MATHER. I believe there are three exhibits complete. The first showing was at the exhibit on the Mall for Consumer Week in May, and we had a lot of positive comments about it at that time. It is complete and available for groups that want to have it displayed at a meeting or similar fnction.

Mr. EVERETT. Thank you, Mr. Chairman.

Mr. SLATTERY. Okay. The chair at this time recognizes the gentleman from Texas, Mr. Edwards.

Mr. EDWARDS of Texas. Thank you, Mr. Chairman.

Mr. Vogel, I understand those that have had problems have all been examined. But of the 230,792 veterans who served in Desert

Storm and are now out of the services, do you know if all of those have been examined?

Mr. VOGEL. No, they wouldn't have been examined, Mr. Edwards. If they make a claim for VA benefits, they may or may not receive an examination from VA. We could in fact rate, perhaps, on service medical records.

Mr. EDWARDS of Texas. Right.

Mr. VOGEL. Those who claim exposure to environmental agents would, however, receive a VA examination, and that number is comparatively small.

Mr. EDWARDS of Texas. Are we creating a huge problem and perhaps an expense for ourselves down the road 10, 20, 30 years by not examining these people leaving the services today? I know particularly with the down-sizing in previous testimony it has been mentioned that a lot of people are just being told you can wait a week or two and get out of the Army, but if you want to sign the papers now without a medical exit exam then, you know, you are free to go. I mean aren't we still paying the price for past——

Mr. VOGEL. I think we have discussed that before at other hearings, Mr. Edwards. I think you are right on. I think VA would much prefer that all of the military service departments give a physical examination at the time service persons leave active duty that documents their medical condition. Let me give you an example. If a person has an accident in service resulting in injury and subsequently makes a claim, it would be useful to know on separation from the military whether that condition did or did not exist because the condition could be either acute or chronic. The long and short of it is that we would like to see separation physicals.

Mr. EDWARDS of Texas. Let me also ask you—I have been curious and this does affect the total expense and our ability to take care of those who have been hurt in this war—is the Persian Gulf War still a declared war?

Mr. VOGEL. Yes, it is, Mr. Edwards.

Mr. EDWARDS of Texas. Can you tell me the implications of that for all service people serving today?

Mr. VOGEL. The implication for VA is that individuals who serve during this wartime period may be eligible for a nonservice-connected disability pension later in life if they become permanently and totally disabled due to nonservice-connected causes. Wartime veterans have a different standing in some programs, pension included.

Mr. EDWARDS of Texas. Particularly in the pension program. So right now for service personnel serving, somewhere in the United States, never having gone to Desert Shield or Desert Storm, they are basically covered as a wartime veteran?

Mr. VOGEL. That is right, Mr. Edwards.

Mr. EDWARDS of Texas. What is the outlook on that? I mean I can see a huge expense there. Are reservists covered? Present reservists/National Guardsmen, are they covered by that?

Mr. VOGEL. They are not covered for pension purposes. They may have some eligibility for benefits, but they are not covered in the same manner as the active forces.

If they have a service-incurred disability, they may be considered veterans for compensation purposes.

Mr. EDWARDS of Texas. That I understand, and there is no question in my mind we ought to take care of them. I guess my question is when do we eventually draw the line? We are creating huge liabilities down the line for those who didn't serve in Kuwait and with the shrinking VA budget I am concerned down the line we are going to end up cutting off service to those who did serve in wartime.

When, at what point, or do we have some means of limiting eligibility for those that aren't serving in Kuwait now?

Mr. VOGEL. When periods of war are declared and terminated, are decisions made by the President of the United States, the military, and Congress. The declaration of hostilities in the Persian Gulf determined the issue of a wartime period for the VA.

Mr. EDWARDS of Texas. This is a little aside from the primary focus today, but I think it does relate, Mr. Chairman, because it will eventually bring resources away from those who served in the war. So at some point, perhaps, we could take a look at that issue. We could be creating an enormous liability down the road as a result of providing services for people who haven't served in wartime. And I don't know if there is any indication that the President anytime soon is going to terminate the declaration of war. I guess as long as we have service people there it will stay on a wartime footing? I guess.

Thank you, Mr. Chairman.

Mr. SLATTERY. I thank the gentleman from Texas and I think he makes a very good point. It is time for us to take a look at ending the conflict, especially as it relates to the VA. So I appreciate the gentleman's interest.

The gentleman from New York, Mr. King.

Mr. KING. Thank you, Mr. Chairman. Mr. Vogel, you stated that about 1,800 claims have been made for disabilities related to environmental hazards, and at the rate they are going about 90 percent of them I think are being turned down.

As more data and information becomes known on environmental illness, or environmental effects from those fires, would you be reaching out to those who have been denied and call them back in? Or is it up to themselves to commit affirmatively?

Mr. VOGEL. Mr. King, we will have the ability to contact each of them individually and we will undertake outreach to them scientific studies cast light on disabilities that we have previously denied. With the registry, we have the ability to contact them and they don't have to come to us. We will look for them. We will find them.

Mr. KING. You will? Okay.

Mr. VOGEL. Yes, sir.

Mr. KING. Just one other question. What actions have been taken on the 16-member panel's recommendations on research, education and clinical care?

Dr. MATHER. At this point, one of the recommendations was that an advisory group be set up, or advisory panels. So we are in the process of preparing the papers to charter an ongoing advisory group. We are also looking the possibility of setting up a clinical unit for environmentally related illnesses that would have some research focus, and we are looking into other opportunities for re-

search including setting up an environmental research unit within the VA.

Since there was emphasis on education of staff about the problems, we have put on two satellite television programs to educate staff. We also publish the Persian Gulf Review, is both patient and staff-oriented, but primarily patient oriented. We try to discuss information as it becomes available. Three ongoing areas of concern are education, clinical care, and research.

Mr. KING. Thank you very much.

Mr. SLATTERY. The gentleman from Illinois.

Mr. EVANS. Thank you, Mr. Chairman.

Mr. Vogel, you have stated in your testimony that the VA has been unable to provide diagnoses for some veterans of the Persian Gulf who are ill. How are these claims processed? And could a veteran without a diagnosis actually receive compensation and pension benefits?

Mr. VOGEL. In the absence of a diagnosis, Mr. Evans, that describes a disability, we could pay no disability compensation that could then be paid. On claims in which we have a simple statement giving symptoms, we seek the advice of the Veterans Health Administration to help us identify a disability in order to adjudicate the claim fairly.

Some veterans claim symptoms for which we don't know the cause, but a basic principle of service connection is a causal relationship between a disability and an occurence on active duty. These are not easy cases.

Mr. EVANS. Some of the veterans who have not received a diagnosis from the VA have been able to obtain a diagnosis and treatment from private physicians for multiple chemical sensitivity, a condition apparently not recognized at this point by the VA. Would those veterans be able to be rated and possibly given benefits? Is that an open question as you look at this issue further?

Mr. HICKMAN. I think in some situations, Mr. Evans, we have sought the advice, as Mr. Vogel said, of the Veterans Health Administration. In some cases other disabilities have been associated with those veterans and we have been able to service connect those other disabilities. As far as multiple chemical sensitivity is concerned, we are not able to grant service connection at this time.

Mr. EVANS. You have apparently decided to centralize the processing of compensation and pension claims for Persian Gulf veterans at the Louisville, Kentucky Regional Office. Can you tell us why this regional office was chosen and if this office has been provided additional staff to deal with the increased number of claims?

Mr. VOGEL. Mr. Evans, the Louisville office is only taking the claims based on environmental agents. All other claims, which are approximately 16,000 in number, are adjudicated at the regional office where the veterans reside.

The Louisville office was picked because they had the capacity to absorb the work. They have a good reputation for quality, and we decided to utilize those who have capacity to do the work and to give them the opportunity to develop the expertise in reviewing and controlling these cases. They haven't received any additional staffing to do the work. We are giving them some help now with non-environmental hazard because we don't want Louisville to fall

behind in its workload. We are satisfied that we have made the right call.

Mr. EVANS. Did they receive any specific training concerning environmental hazards that these Persian Gulf veterans faced?

Mr. HICKMAN. Yes, they did. We sent Central Office staff to talk with them. As Dr. Mather mentioned, the training and videotapes which VA doctors are receiving at the hospitals, have been made available to adjudicators and rating specialists at the Louisville office.

Mr. EVANS. Mr. Vogel, you stated that the VA is having difficulty obtaining the service medical records of Persian Gulf veterans. The DAV is going to testify that Secretary Brown has the authority to decide claims without the benefit of the SMRs.

Given the problems the VA is having in obtaining these records, don't you think this authority could be exercised more often?

Mr. VOGEL. I don't know what the numbers are, Mr. Evans, on the inability to get service records. It is usually not an inability to get them at alll, it is an inability to get them in a timely fashion. We are working with the reserve units which are not used to dealing with VA's requests for service medical records through lack of experience. We certainly will look into whether we need to notify procedures in cases in which we experience delays in obtaining service medical records.

Mr. EVANS. Thank you, Mr. Chairman.

Mr. SLATTERY. Mr. Vogel, I just have one follow-up. Why doesn't VA accept independent medical diagnosis of a disability such as chronic fatigue syndrome or multiple chemical sensitivity?

Dr. MATHER. I think at this point it is a problem with what the diagnosis means. There isn't a general consensus in the medical community that these are bona fide medical diagnoses. At this point multiple chemical sensitivity may be defined as a history of exposure to chemicals, which almost everyone has had, with development of symptoms in multiple body systems. That is a very general kind of description and it is very difficult to differentiate between a true case of multiple chemical sensitivity and a case of someone who, say, is a diesel mechanic or has an exposure to chemicals in some way, hairspray, et cetera, and then has a bona fide depression, has sinus headaches, and has heat rash or seborrheic dermatitis or another skin rash. How do you differentiate between those two patients with similar kinds of symptoms? And until that differentiation can be made, I think we would have difficulty accepting that as a bona fide medical diagnosis.

Mr. SLATTERY. Is it likely that they are ever going to come to any kind of a consensus soon?

Dr. MATHER. The condition has been discussed in multiple fora, including a working symposium at the National Academy of Sciences about 2 years ago, and there the consensus was that there need to be challenge studies, controlled challenge studies with placebos and with chemicals that appear to be responsible in environmental chambers. Unfortunately, this research is very expensive and does require an environmental chamber, which is likewise very expensive. Generally speaking, research institutes, including the VA and NIH, are not enthusiastic about funding buildings or facili-

ties such as an environmental chamber, and so that is a problem area. The research is problematic.

Mr. SLATTERY. Do you have the authority under current law to conduct these kinds of tests? Do you need any legislative authority to——

Dr. MATHER. No. I think at this point they would be experimental and it would be a part of a research process where a protocol would be developed, would be peer reviewed, human subjects' concerns would be considered, and I think that is a part of the authority that we have to do research on problems that are facing medicine generally.

Mr. SLATTERY. Mr. Vogel, the bottom line of what you are telling us all today is that you don't see any need for any legislative action to help you all better administer your agency with regard to the Persian Gulf veterans; is that what you are telling me?

Mr. VOGEL. That is what I am telling you, Mr. Chairman.

Mr. SLATTERY. You have the resources that you need and the legal authority that you need to do the job?

Mr. VOGEL. Absolutely. And a very fine and vigorous sensitivity of the Secretary to the issue.

Mr. SLATTERY. Okay. Are there any other members of the committee that have any questions, further questions?

Mr. EVERETT. Mr. Chairman, if I could just ask a quick one.

Mr. SLATTERY. Mr. Everett?

Mr. EVERETT. Approximately how long is it taking to adjudicate these veterans' claims, and how does that compare to other veterans' claims—Persian Gulf War veterans' claims?

Mr. VOGEL. The time it takes to adjudicate an original claim for disability compensation is about 175 days. It can take that long for some of the environmental claims, and the general Persian Gulf veteran non-environmental claims also would fall into that time frame. We have seen a somewhat earlier completion time on the environmental cases by centralizing them and giving them some priority. They are handled on a priority basis and run in excess of 100 days. Most of the delay is caused by getting the service records and the VA examination and then considering the case.

Mr. EVERETT. Then it is no different than other veteran claims for the most part?

Mr. VOGEL. For the most part it is not, Mr. Everett.

Mr. EVERETT. I see. Thank you very much. Thank you, Mr. Chairman.

Mr. SLATTERY. Does the gentleman from Texas, Mr. Tejeda, have any questions?

Mr. TEJEDA. No, Mr. Chairman.

Mr. SLATTERY. Okay. Any other questions? If not, we thank the panelists for being here today and giving us the kind of reassuring testimony that you have given us: that you have all the resources and authority that you need to do the job. So thank you very much, Mr. Hickman, and Mr. Vogel, and Dr. Mather. Thank you very much.

Mr. VOGEL. Thank you, Mr. Chairman.

Mr. SLATTERY. The next panel this morning consists of Mr. Joseph Violante, Legislative Counsel for the Disabled American Veterans; Mr. Steve Robertson, Director, National Legislative Commis-

sion, the American Legion, and Mr. Gary Well, who is the New Jersey VVA State Council President and Chairman of the VVA Special Committee on Desert Storm Veterans and Their Families, Vietnam Veterans of America, and Mr. Paul Egan, Executive Director of the Vietnam Veterans of America.

Gentlemen, we welcome all of you. Who is leading off here today?

Mr. VIOLANTE. I will go ahead and lead off, Mr. Chairman.

Mr. SLATTERY. Okay, Mr. Violante.

STATEMENTS OF JOSEPH A. VIOLANTE, LEGISLATIVE COUNSEL, DISABLED AMERICAN VETERANS; STEVE A. ROBERTSON, DIRECTOR, NATIONAL LEGISLATIVE COMMISSION, THE AMERICAN LEGION; GARY C. WALL, NEW JERSEY VVA STATE COUNCIL PRESIDENT, AND CHAIRMAN, VVA SPECIAL COMMITTEE ON DESERT STORM VETERANS AND THEIR FAMILIES, VIETNAM VETERANS OF AMERICA, ACCOMPANIED BY PAUL EGAN, EXECUTIVE DIRECTOR, VIETNAM VETERANS OF AMERICA

STATEMENT OF JOSEPH A. VIOLANTE

Mr. VIOLANTE. Good morning, Mr. Chairman, and members of the subcommittee. I ask that my full written text be included in the hearing record.

Mr. SLATTERY. Without objection.

Mr. VIOLANTE. Thank you. On behalf of the more than 1.4 million members of the Disabled American Veterans and its Women's Auxiliary, I wish to express our deep appreciation for the opportunity to present our views. At the outset, Mr. Chairman, we wish to thank you, Ranking Minority Member Representative Bilirakis, and members of the subcommittee for your efforts in this area of adjudication of VA claims, particularly with respect to our newest generation of veterans.

The DAV has been tracking Persian Gulf veterans' claims, and in general our NSOs reported one of the biggest obstacles in their timely adjudication is the inability to obtain SMRs from the military, particularly the reserve and National Guard units.

Mr. Chairman, Congress has provided the Secretary with the means to adjudicate these difficult and complicated claims. Title 38 of the United States Code, section 1154, provides the Secretary with the means to adjudicate these claims without the benefit of the SMRs or even without the veteran having been seen on active duty for the problems that he is seeking compensation for. VA laws and regulations are very liberal. These laws are even more liberal in their application to those veterans who have engaged in combat with the enemy.

Congress and the VA have in the past granted service connection status for diseases suffered by certain veterans based on VA studies that merely showed a higher incidence of physical or psychological disorders that are related to the conditions or circumstances of their particular service. These studies did not try to find the relationship, and the VA shouldn't require such a relationship now. The VA should be looking for ways to allow these claims and not for reasons to deny them.

Mr. Chairman, although many experts concede that these veterans have been exposed to a wide range of environmental hazards, there is little consensus in the medical science community as to the residuals, if any, from these exposures, particularly with respect to multiple chemical sensitivity. In turn, claims for service connection are denied based on the absence of a medical science connection between the exposure and any residential disability.

Mr. Chairman, in order to properly adjudicate these veterans' claims, the following should be accomplished: creation of an environmental medicine unit; military-wide policy regarding in-depth separation examinations with detailed medical histories; greater coordination between the VA and Department of Defense to develop a national protocol for Persian Gulf War veterans; greater access to SMRs; proper application of liberal laws and regulations; use of higher incidence standard instead of a causal relationship standard; establishment of specific guidelines relating to possible exposure and potential residuals; coordination of care and disease tracking; and training of rating specialists and adjudicators to facilitate the overall understanding of the episodic as well as interrelational aspects of the environmental diseases experienced by Persian Gulf veterans.

This concludes my statement. I would be happy to answer any questions you may have.

Mr. SLATTERY. Thank you, Mr. Violante.

[The prepared statement of Mr. Violante appears at p. 35.]

Mr. SLATTERY. Mr. Robertson.

STATEMENT OF STEVE A. ROBERTSON

Mr. ROBERTSON. Thank you, sir. Thank you very much for holding these long overdue hearings.

There is no doubt in our mind that the military took every possible measure they could to prepare us for conflict. The inoculations that were given I think were done in concern for the health and welfare of the soldiers.

But there were a lot of unanticipated health care problems that came along. We are having a lot of veterans coming in every day telling us about medical problems. We are finding families whose lives have been completely turned over because of financial hardship that they have encountered.

Most of the points that we have in our testimony have already been addressed today by members of this committee, and I appreciate your attention to our shared concerns. But there are a few things that we would also like to share with you.

The American Legion has been doing its part along with our fellow service organizations on getting the word out to veterans, but sometimes they feel this falls on deaf ears, because when they get to the VA facility it appears that they are not getting the same treatment that is getting advertised that they are going to receive. Contrary to what you heard previously, veterans were being billed. The folks down in Alabama, if I am not mistaken, were receiving third-party reimbursement notices and also being sent bills to the veterans themselves. So sometimes it kind of make you think that the other end of the line is not listening to what is being said up at the top.

We are also concerned about the neglect of listening to the advice of health care professionals outside the DOD and the VA field of medicine. Yes, it may be controversial, but most of the veterans are being very upset with people telling them, We don't know what you have. We believe you are sick, but we know you didn't get it in the Persian Gulf. Well, the bottom line is that these veterans would have never been deployed if their health condition was like this prior to deployment to the Persian Gulf. Almost every one of these veterans to the person has contracted these medical problems since they have returned.

Now, if these halls could talk, I think they would say, Here we go again! This is Agent Orange revisited. This is atomic vets revisited. And we have got to get off the dime. We applauded the VA when they came up with the Persian Gulf Registry. That put us 15 years ahead of the Agent Orange Registry. These hearings can take a large step in the right direction of resolving these problems before people start dying.

We have already had some veterans that have died and nobody knows why they died. They don't know what the cause was. One gentleman died 11 months after returning from the Persian Gulf eaten up with cancer. Now, you can't tell me when you took a physical to go to war that nobody detected it. When you were bleeding from the rectum while you were in the Persian Gulf and you came back for your discharge physical, that nobody detected that. That his cancer wouldn't have been diagnosed somewhere in that process.

So somebody is dropping the ball somewhere, and it is time not to point fingers but to accept the responsibility and resolve the issue.

That concludes my testimony.

[The prepared statement of Mr. Robertson appears at p. 40.]

Mr. SLATTERY. Mr. Egan.

Mr. EGAN. Thank you, Mr. Chairman. My role here this morning is largely just a cameo role. I am here to introduce our witness Gary Wall, who is the State Council President of Vietnam Veterans of America in New Jersey and chairs our Special Committee on Desert Storm Veterans and their Families.

If I could digress for just a moment to make a couple of comments, though, before turning the mike over to Gary without the clock running, I would like to just refocus the committee's attention on some of the issues that have been raised here this morning that parallel or track very closely with some of the issues that have been raised in each of the two previous hearings that you had on compensation and adjudication issues generally. This might even be seen as a third in a series, today's hearing being the case study of a particular generation of veterans whose experiences with the VA are no better than previous generations.

You asked the veterans groups to reach a consensus, Mr. Chairman, on a variety of issues, and I think we have submitted to you what that consensus is. But there are three matters here that are of direct relevance to Desert Storm veterans, and the first of those, of course, is the speed of adjudications. The speed is not particularly good. We heard that from Mr. Vogel today.

The second matter is the importance, and I know, Mr. Edwards, that this is particularly important to you, of exit physicals that need to be done and need to be done as quickly as possible, even for people post-discharge.

And finally, the issue of accepting for adjudications purposes outside medical evaluations, exams and diagnoses for purposes of adjudications. This is not doctor shopping. This is a matter of VA seeing a fiscal responsibility here and, as has been the case with so many previous generations of veterans whether they faced Agent Orange problems, mustard gas, radiation, whatever it is, there needs to be some acceptance of outside expert opinion. So each of those three things in the case of Desert Storm veterans takes on added significance and poignance.

STATEMENT OF GARY C. WALL

Mr. WALL. Mr. Chairman and members of the committee, Vietnam Veterans of America is pleased to provide testimony regarding claim experiences of Desert Storm veterans. Our concerns for those veterans were established at our founding convention where VVA pledged that never again shall one generation of veterans be abandoned by another. Not only are these veterans our brother and sisters, they are also our sons, daughters and our loved ones.

We could spend several hours in testimony about the claims system. You have already held those hearings and you are well aware of the problems that occur within the claims system. The problem here is that claims will not be recognized until the government gets serious about ascertaining what the relationship is between service in the Gulf War and the disability of the veterans who served there.

Although relationship between their ailments and exposure to environmental hazards is similar to that of Agent Orange, the length of time between the exposure and the onset of the disease is eminently shorter in the Desert Storm veterans. Desert Storm veteran face a severe risk not only in adverse health effects but financial disaster and family destruction while waiting for their claim to be processed.

The experience of the Vietnam generation has proven that the government simply cannot be trusted to come forward with answers on its own. That is evidenced by the CDC study on Agent Orange, the Air Force Ranch Hand study, and the interference of the White House Domestic Policy Council and the VA's own foot-dragging over a period of more than 20 years on the issue of Agent Orange. We strongly suggest that legislation be moved through Congress on an expedited basis so that a determination can be made as quickly as possible and a reasonable determination can be made regarding what diseases are related to Desert Storm service.

Even without the certainty resulting from long-term epidemiological studies, the life-threatening and economically debilitating nature of the illnesses sustained by the Desert Storm veterans demands the liberal awarding of compensation, if only on a temporary basis.

We have included in our testimony several of the stories that we have titled as horror stories. For the purposes of illustration, I would like to discuss the case of Mrs. Hester Adcock whose son, a

reservist Desert Storm bus driver, returned and within a year of his return died of T-cell lymphoblastic lymphoma. Her son was not treated by the VA but was admitted to a civilian hospital across the street from the veterans' facility, and the cost of his treatment was over $300,000 and borne totally by his commercial insurance carrier.

Mrs. Karen May is the wife of a Desert Storm veteran who was also a reservist and a munitions handler. He was diagnosed after discharge with squamous cell carcinoma of the nasal septum, paranasal sinus and nasal cavity. His nose, upper jaw, the roof of his mouth, the Clivas bone at the back of his face had all been removed. It is malignant. He has also been treated with radiation therapy and is now addicted to codeine. His family had sent a letter to the VA asking for an appointment in June. They were not contacted by the VA and finally gave up and walked into the VA in August. Her husband was treated and diagnosed as having allergies. Had it not been for the persistence of his wife, the VA would have flatly refused further treatment. We will be more than happy to put you in contact with Mrs. May, if you so desire.

Nick Kresch is a Desert Storm veteran whose problems are not quite so severe. He suffers from rectal bleeding, gum bleeding, temporary memory loss. He suffers from muscle aches and chronic fatigue. He went to the VA in Illinois and they sent him to one of the VA's specialized facilities. He showed up and no one in the hospital in West Los Angeles knew he was coming. He spent 6½ hours in the emergency room waiting for admission. When he was finally admitted to the hospital he was told what his duties would be to stay in that facility. Mr. Kresch reported to the VA facility that he was physically incapable of working. But in order to stay in the veterans' facility, Mr. Kresch was assigned the duty to wax and buff the floors on a daily basis. Is this the type of treatment that the Department of Veterans Affairs is calling their specialized facilities? Is this what we are treating the veterans of this Nation to?

Someone needs to explain to the families and the veterans themselves why it is that they are financially destroyed and emotionally destroyed while waiting for someone to diagnose what it is that is slowly killing them. And someone needs to explain to me as the father of a child why I should allow that child to serve this Nation to be treated to that kind of treatment on return from service to this Nation.

Thank you.

Mr. SLATTERY. Thank you, Mr. Wall.

[The prepared statement of Mr. Wall, with attachment, appears at p. 49.]

Mr. SLATTERY. Mr. Violante, in your testimony you refer to most of the claims you have reviewed as being routine claims and that they appear to be handled properly by the VA. Just to clarify, what would you say is a routine claim?

Mr. VIOLANTE. Back injuries, knee problems, those type of orthopedic problems.

Mr. SLATTERY. Okay. You also indicated that the vast majority of claims relating to exposure to environmental agents are denied. Are these denials, in your opinion, being made improperly?

Mr. VIOLANTE. Well, these denials were based on either no finding in the service medical record or nothing shown on a physical examination. What we received were the adjudicated rating sheets, so it was difficult to actually determine what medical evidence was in these files. But from talking to people around the country, I am not a medical doctor, but I am not convinced that the testing that is being done is appropriate for the type of environmental hazards these veterans were exposed to, and I believe that a lot of these examinations are not picking up these problems. So that is the problem I have with those claims that I have seen.

Mr. SLATTERY. Okay.

Mr. ROBERTSON. Mr. Slattery, a lot of these claims on chemical sensitivity and environmental hazard exposure and everything else are basically processed by the VA claims people and then certain ones that are identified as environmental illness are the ones forwarded to Louisville. If at the local office they decide that this is not, in their opinion, an environmental exposure hazard, then that is where it dies is right there in that local office. It is not sent to Louisville for further evaluation.

The other thing that bothers me that I am hearing from the folks talking about the Louisville office is that this is all based on a learning curve. The claims that were initially seen, regardless of how bad they were, if they were turned down, as they get smarter they start making better claims or making better judgments on those claims.

And I share your concern that these people that have been denied in the past, what efforts are going to be made to go back to them and say, Hey! we would like to revisit that now that we understand the problem a little bit better and we have a little more insight. So this learning curve that we are talking about is a very big problem in our eyes.

Mr. SLATTERY. Mr. Robertson, in your testimony you referred to a GAO study which indicates that many veterans routinely receive a medical examination upon separation. I am just curious. Would you say that the routine physical examinations that the veterans were provided are useful, or do you see them as being inadequate? What is your reaction to the routine physical examination that these personnel were provided.

Mr. ROBERTSON. Sir, I can speak from firsthand experience since I returned from the Persian Gulf and went through a separation physical. It was very close to a cattle drive. They headed you up and moved you through the process. My physical was done in a gymnasium, the same place where I did my financial and I did my dental records and my hearing test and travel pay and my legal or business that I had to take care of with the government. It was in a gymnasium and they had some little screens set up. I am 6'7", so I could see pretty much all the way around the room. But that is where my physical was conducted.

Mr. SLATTERY. What did they do in the physical? I mean did they check your blood pressure and eyes?

Mr. ROBERTSON. Basically, they asked you what problems you had.

Mr. SLATTERY. So, if you were experiencing any problem, you had an opportunity to say this is a problem, and I assume there was a further examination. Is that correct?

Mr. ROBERTSON. No, sir; that is not correct. What you did is you basically told them what problems you had, and generally the routine was, Well, once you get home and you get to eating three square meals a day and sleeping at your house, all these things will go away. Your diet will stabilize because you are not eating MREs and fighting flies for your meals. That was generally the diagnosis that you got.

In my particular case, I had a very bad cough. It was almost a chronic cough. And I insisted on having a chest x ray, which took about 6 hours to get done. So it was a very laborious—the more you asked to have done, the more laborious the process was. In most cases it was a system of, If you don't have any problems you can get on the bus and go home and see your family. If you have got problems you are going to have to stay here and we are going to have to set up appointments and have additional blood work done, and have this done and have that done. So the average GI—I considered myself not the average GI, having worked in the veterans arena and understanding the problems with medical separations. So I played hardball and took all the tests that I was supposed to take and addressed all the problems that I had. But a lot of the young men and women, at least with my unit, the faster they wanted to get home, the less problems they identified.

Mr. SLATTERY. Now, after you went home, just in your instance, what did you do in terms of follow-up and how did all of that interface with the VA?

Mr. ROBERTSON. Well, it is kind of ironic because in my situation I went home and wound up in a hospital, or down at the hospital in Barksdale, Louisiana, because I was experiencing extreme medical problems. They said I had a really bad case of the flu, one of the worse cases of flu that they had seen. I stayed in bed for 4 days, and I was getting up hourly and heading to the latrine, and drinking more water so I wouldn't dehydrate myself. But mine was just a simple case of the flu that had gotten progressively worse.

I got to the Persian Gulf on February 14, and February 25, I went to sick call and was diagnosed as having the flu. And that is what I thought I had, to be very honest with you. For the next 5 months I had the flu. When I got back to Fort Meade, MD, and was doing my outprocessing I still had the flu. In November of 1991 when I had to take an "over 40" physical at Walter Reed for my National Guard unit I still had the flu. So it was one of the worse cases of the flu I have ever had, and it is still pretty much the same lines. I went almost 2 years with diarrhea.

Sir?

Mr. SLATTERY. How are you doing now? How is your health?

Mr. ROBERTSON. Well, now I still have aching joints and bouts with fatigue, but the diarrhea finally stopped, after almost 2 years, and the chronic cough ended after about a year back in the States. So they were right. It just took a matter of getting back into the normal routines.

Mr. SLATTERY. Were you exposed to a lot of the environmental problems with the oil wells?

Mr. ROBERTSON. Not so much with the oil wells. The things that I was concerned primarily with were the pesticides that were being sprayed in the compounds where we were living. We lived out in the desert at an ammunition depot. We were surrounded by five landfills, the largest one being the Dhahran Air Force Base landfill which did their burning whenever the wind wasn't blowing across the runway. So that meant about once a month they burnt, and it would burn for about, I guess, maybe 12 to 13 hours and smoulder for about another 10 or 15 hours, and we were breathing in all of the residue.

Now, these landfills, they are not like our landfills here in the States. This is just open burning. There is no incinerator, no quality control as to what is being burnt. As you know, we use plastic bottles, drinking bottles, so that was burnt. The batteries that we used for our field radios, the big, brick-type lithium batteries, those were burnt. I have got a feeling, if you called Ray-O-Vac and asked them how you destroy one of those batteries, burning would be probably the last thing they would tell you to do to it.

But those were among the problems that my unit specifically addressed. As a matter of fact, one of the environmental people from the 85th Evac Hospital, which was located near us, visited our compound and recommended to our commander that we move into Kobar Towers, which was the apartment complex, and commute us back and forth, after we had been there for a little over 4 months in the field.

Mr. SLATTERY. Mr. Robertson, I am just curious—and my time has expired—were other members of your unit suffering from the same sort of maladies——

Mr. ROBERTSON. Yes, sir.

Mr. SLATTERY (continuing). Or was it something unique to you?

Mr. ROBERTSON. No, sir. We had several members of my unit, and one of the things that I am very concerned——

Mr. SLATTERY. How many? How many would you say that you are aware of?

Mr. ROBERTSON. I would say right off the top of my head about 25.

Mr. SLATTERY. How big of a unit?

Mr. ROBERTSON. My initial unit that went over, we had about 95 people that went over, and then we were augmented by other units.

Mr. SLATTERY. So you are telling me that 25 out of 95 members of your unit suffered similar——

Mr. ROBERTSON. Similar symptoms.

Mr. SLATTERY. For as long as you did?

Mr. ROBERTSON. I don't know, sir. That was one of the points I was going to make, is a lot of our people when we came back have dropped out of the National Guard. I don't know whether they just don't want to be susceptible to going to war again or whether there are medical problems. I haven't been able to follow up with a lot of those individuals.

But we have had—there are two guys that are still on active duty because of medical—they are on medical hold because of medical problems.

Mr. SLATTERY. From your unit? Two from your unit?

Mr. ROBERTSON. Yes, sir.

Mr. SLATTERY. And they are still on——

Mr. ROBERTSON. Yes, sir, on medical hold. And I can get you the names if they are willing to talk to you about it.

Mr. SLATTERY. Okay.

Mr. ROBERTSON. See, that is one of the problems that we are running into.

Mr. SLATTERY. I would like their names.

Mr. ROBERTSON. Yes, sir. One of the problems our people are running into is that if you come forward with your medical problems it can have an impact on your career. I have 17 years of military service, 12 active duty and then 5 with the National Guard. If I come in tomorrow and say, Hey, look, you know, I am having these problems and they elect to discharge me because of my medical problems, then I am going to, basically, fall short of being able to retire. It will mean—I mean, if I get 10 percent disability for PTSD, I would get $79 a month for as long as that condition exists, rather than being able to retire and receive my retirement pay at age 62, or 60. So that right there is a problem with reservists and National Guard members, and there are—believe me, there are a lot of people that are in that position, I think.

Mr. SLATTERY. I wonder if there are very many regular force personnel that are, maybe, fearful of coming forward with health problems for fear that they might be RIFed out as we bring down the force structure?

Mr. ROBERTSON. Mr. Chairman, Mr. Montgomery is here, and I sure hope he gets the armed services people to address this because I see it as a real, real problem. And we have active duty guys that are calling the American Legion. The list is growing as we speak.

Mr. SLATTERY. I am going to recognize the chairman of the full committee at this time. We are honored to have Chairman Sonny Montgomery with us, and recognize you, Mr. Chairman.

Mr. MONTGOMERY. Thank you for having this hearing and for our witnesses. It is a very important hearing, and thank you for giving me this opportunity. I have no questions.

Mr. SLATTERY. The chair at this time would recognize the gentleman from New York, if he has any questions.

Mr. KING. Thank you, Mr. Chairman.

Mr. Robertson, from your experience is the treatment that you are getting or the lack of treatment you are getting any different from what has happened prior in the military? In other words, a lot of what you are talking about seems to be a catch–22, and that is really not unusual for the military either. So I am asking you do you see anything different now from the way it was 15 to 20 years ago?

Mr. ROBERTSON. Well, 15 years ago I was just in the military, so I really can't address that. But from what I have heard, this is very much the same replay as the Agent Orange issue, of how veterans were coming back complaining about medical conditions, and because there was not a direct correlation between their service in Vietnam and exposure to Agent Orange and other varied factors, their claims were being denied.

Mr. KING. Now, I had asked Mr. Vogel before how much outreach the VA would do as far as trying to contact people who had their claims turned down. Let me just follow up on that with you.

You said 25 members from your unit that you know of had similar symptoms as yours. Do you know if anyone is reaching out to them to call them back in for physicals to see if the situation has deteriorated or improved, or are they trying to see if there is any pattern? Because if there are 25 out of 95 from one unit, that is a very, very high rate, and it would seem to me that that is worth pursuing to see whether or not that is symptomatic of an ailment that is going to hit a lot more than those 25.

Mr. ROBERTSON. I agree. And this is one of those things that I was concerned about when the registry went into effect. Because I asked for an opportunity to be placed on the registry and went through the physical, et cetera, and my name was on the registry, and I have been to briefings at the VA where they talk about the registry, and they hold up little pamphlets and newsletters and things like that that they are sharing with people. And so I asked the question, Who are getting these? And they said, "Well, whoever asks for them." Well, I said, if a person doesn't know they exist, how can they ask for them?

So I got about 150 of them, I think, from the VA and I had my staff mail it to the people we were aware of that were sick, and we just used the labels of the people I had.

And I guess my question is, since I work in Washington, DC, I have access to this information, but the kids in the hinterland don't have this. And, if their name is on the registry, then why isn't the mailing going to the people on the registry? Because I am sure they are concerned or they wouldn't have gone in and asked to be placed on it to begin with.

So, as far as in answer to your question as to what follow-up and outreach is being done, I would speculate based upon some of the horror cases that I have heard that I share with my colleague here that the outreach is very limited, and I think that there are people within the VA who are attempting to do outreach that are being chastised for the outreach efforts that they are doing because it is not in their "area of expertise."

Mr. KING. Let me ask, Mr. Wall, then as a practical matter, how much difference do you see between the VA today and the VA of 1972, 1973, 1974?

Mr. WALL. I would like to address in part something that you originally asked and then answer this question. I would call your attention to the fact that the veterans' organizations, veterans' service organizations, recently received a letter from the VA requesting our assistance in trying to find some 4,000 veterans that were exposed to mustard gas during World War II.

I would suggest to you that an attempt by the VA to find the Desert Storm veterans who have reported to them and had their claims denied and then subsequently moved about the country are not going to be any more successful than those 4,000 veterans who were exposed to mustard gas during World War II. Should the VA, however, decide to come out of their offices, I think we can take them on a tour of some veteran cemeteries and find those people that they are now willing to compensate and treat. Unfortunately, nobody knows who they are.

Now, in answer to your question, I see very little, if any, difference between the VA now in the way they are treating Desert

Storm, and specifically the environmental concerns, than they have treated since 1972 and all the way up through the current date the veterans exposed to dioxin and Agent Orange.

The problem for the VA is that they feel that they don't have an accurate diagnosis, and since they don't have an accurate diagnosis the tendency is to put the burden of proof on the veteran. Thus, when a veteran goes to an outside physician, secures an opinion that he or she is suffering from multiple chemical sensitivity that is related to Desert Storm service, the veteran goes back to the VA with that information and the VA subsequently denies the claim because it was not one of their physicians who made the diagnosis. You have heard that in earlier testimony from the VA themselves.

It is similar with the case of the Agent Orange victim with the exception that, as I said earlier in testimony, these illnesses are coming on so rapidly and are so totally debilitating, that even these illnesses that are not terminal in nature are tremendously debilitating, functionally removing the veterans themselves from any kind of earning capacity.

Mr. KING. Let me just ask a subjective question to the panel and then that will be my final question. And again, this is very subjective, but in your dealings with the VA do you find the personnel to be supportive or do you find them to be resistant?

Mr. WALL. I find the VA in general to be resistant.

Mr. EGAN. Where adjudications are concerned we find them not only to be resistant but to be heavily overworked and tending to treat complicated claims in a cursory manner.

Mr. ROBERTSON. I guess our overall assumption is that we have a lot of professionals in the VA that I think are very dedicated, hardworking individuals, that their intent is really honest and very sincere. But I think that there is a breakdown somewhere along the line. That when the rubber meets the road that there is something that is lost in the interpretation, and what the intent of the "head shed" says doesn't necessarily—it is not followed by the folks down at the very end of the system, the ones that are actually doing the examinations, filling out the claims.

And the comp and pen is a very classic example where errors are made that to the person that is making the error is, Well, okay, I made one error, but to a veteran it restarts the clock. He has got to wait another 6 to 7 months for that to get fixed, and in the meantime his family is not getting benefits.

One point I would like to make. We have had to step in and intervene to tell veterans that they were entitled to a pension if they were not able to find employment. And we were able to step in and help two veterans out to receive a pension because they couldn't work. Nobody in the VA had told them that. To me that is a disgrace. They are there to help those veterans, and if the veteran can't work, then the VA representatives are supposed to use every resource available to them to help that person out, and that is just a simple "Fill out this form and we can get this on the road."

Mr. VIOLANTE. I would just like to agree with my colleagues here. I think, number one, they are overworked. They need more employees and more resources.

And there is a particular mind-set that has become a problem, and I think we heard a little bit of that earlier. If you have two

veterans with similar symptoms, one may be related to multiple chemical sensitivity and one may be some other type of disability, you are going to not service-connect those veterans because of the problems that this may be something totally different, when all you have to do is get them back in and re-examine and I think it would become obvious which symptoms were the multiple chemical sensitivity symptoms. So I think there are a number of problems.

Mr. KING. Thank you, Mr. Chairman.

Mr. EGAN. Mr. King, if I could just offer one more comment. Attached to our testimony is a worksheet that the VA is using to evaluate Persian Gulf veterans, and it is entitled "Persian Gulf Veterans Alleged Exposure to Environmental Contaminants Tracking Sheet."

Now, central to a claim for benefits, for compensation is establishing in the medical record that there is something going on. Well, at the very top of this sheet you will note that it says "Do not include this document in a patient's medical record." I don't understand what is meant by that, but certainly keeping it out of a medical record isn't going to help the veteran establish a claim for benefits.

Mr. KING. Mr. Chairman, I don't think I have that attached to my testimony.

Mr. SLATTERY. We will get that for you.

Mr. KING. Okay. Thank you very much. Thank you, Mr. Chairman.

Mr. EDWARDS of Texas (presiding). Mr. Robertson, I would address this to you because I think you referred to this in regard to what role the Louisville office plays in the processing of claims. I guess I would like to focus specifically on the issue of multiple chemical sensitivity.

Two decisions have to be made: one, is the veteran service-connected; and, two, if it is determined they are service-connected, what is the proper care for them. I have a constituent in my district who has fought a very serious problem in regard to this. I guess my question is: the Louisville office or any of these teams of experts have been put together to try to better understand these problems. Are they getting involved and working with the local, or the regional VA hospitals to determine the proper type of care? Or do we have these teams of experts in Louisville or elsewhere but decisions are being made without their input?

How are we getting information down to the VA Medical Center to help provide the proper kind of care as well as the proper decision on service connection?

Mr. ROBERTSON. I think you have correctly identified the problem. That that communication is not there, and I think it is because the expertise within the VA on the area of chemical sensitivity is vacant, and I think that that is going to have to be resolved. The lines of communications are going to have to be opened for the two to resolve themselves out, the two problems.

Mr. EDWARDS of Texas. Is there anything you recommend that we do for those cases presently pending where you have got a serious health problem and there has been a real question raised by the veteran as to the appropriateness of the care they are receiving?

Mr. ROBERTSON. Yes, sir. If I am having heart problems I am going to go see a heart specialist. I am not going to go see a foot specialist. And I think that that is what the VA is going to have to do. They are going to have to go out and get the people that specialize in this kind of diagnosis and treatment and say educate us, teach us what we need to be doing, and then take steps in that direction.

Mr. EDWARDS of Texas. Are there identified experts in multiple chemical sensitivity around the country?

Mr. ROBERTSON. Yes, sir. Yes, sir, there are. We have got veterans that are going to see people that are licensed doctors that are practicing this type of medicine. It is one of two things: either they need to have their license pulled or we need to listen to them.

Mr. EDWARDS of Texas. But I mean is there a special expertise or training in multiple chemical sensitivity? I mean one thing I don't want to do is be sending, you know, sending veterans to a bunch of quacks. Who is out there to evaluate who is qualified or not qualified to deal with multiple chemical sensitivity?

Mr. ROBERTSON. Well, sir, the American Legion is not in a position to accredit environmental medicine people, but from what we understand there seems to be a very reputable group of these types of medical specialists, and whether the VA is willing to listen to these people or not, you know, that is not my call. But it would just seem logical that if this is what they have spent their life learning, the type of medicine that they have been practicing, and they are receiving payments from veterans to receive health care, then if they are not valid medicine practitioners, then they should not be practicing medicine and veterans should not be seeking services from them.

Mr. WALL. Mr. Chairman, if I might—the field of multiple chemical sensitivity falls much more into the area of environmental and occupational medicine than it does within the realm of the Department of Veterans Affairs. So the experts, although limited in the United States, are approximately 1,100 recognized experts in the United States. Most are dealing specifically and directly with university medical centers in the field of occupational medicine and health, and that is exactly where these veterans and active duty military personnel who are sick need to be sent. They don't need to be sent to the VA which is on a learning curve about what multiple chemical sensitivity is.

The funding alone that is being given to the National Institutes of Health could be utilized, instead of doing a statistical analysis, to put together a chamber for treatment of people with multiple chemical sensitivity.

A very learned doctor in the field of occupational medicine told me one time that statistics are nothing but people with the tears removed, and I think the VA needs to start to realize that and so does the Government of the United States. People who have served this Nation are suffering severely from this, and in the meantime the VA is in a learning curve. This problem needs to be removed from the hands of the VA and placed in the field of occupational medicine amongst the experts in the university hospitals where it belongs.

Mr. EDWARDS of Texas. Are there any other questions or comments? The gentleman from Texas, Mr. Tejeda.

Mr. TEJEDA. Real quickly, if I may. A little while ago there were two words that were mentioned, "resistant" and "a mind-set," and it certainly was qualified by saying that many of the VA employees are overworked. But when you mention resistant, to what do you attribute this to? Are they trying to save money, governmental money, or do they not relate to the veteran, in this particular case the Gulf War veteran?

Mr. EGAN. Well, typically, Mr. Tejeda, VA adjudicators are governed in the adjudication of claims by the manuals that they are required to use, and just as the Vietnam generation faced problems getting affirmative allowances of claims based on exposure to Agent Orange because their illnesses weren't seen by the VA to be directly related to the military service, similarly you have a circumstance today where many of these exotic problems that are going without diagnosis, first of all, aren't in the medical record, and second of all, aren't officially acknowledged by the agency as specifically related to military service. So in that regard there is resistance because the adjudicator's hands are tied.

Mr. TEJEDA. So it is not a matter of the VA employee not being sympathetic or trying to help, but it is because of what we have done or through rule and regulation. They have to follow the rules and therefore just shut the door on some of these veterans.

Mr. EGAN. The attitude at the Rating Board level can probably vary significantly. It is not hard to find VA employees who feel that allowing a claim is like opening up their own wallet and giving somebody a couple of bucks. On the other hand, there are others who are very sympathetic. But the overriding fact is that all of them are so overworked that there isn't really too much room for sympathy or disparagement.

Mr. TEJEDA. Thank you very much.

Mr. SLATTERY. Mr. Wall? Anybody else want to comment?

Mr. WALL. Yes. I would like to continue along that line, if I could. When I said resistant before, you have to understand that each claims representative varies from individual to individual. You can find some very supportive claims representatives and you can find some that are very, very tough to get alone with.

But the problem within the VA right now is specifically with those with environmental concerns. If you went to them missing a limb, it is relatively easy to establish the fact that you have a claim against the VA from your service to the military. If you go in the door with chronic fatigue, muscle aches and constant diarrhea it is a little more difficult to establish, and they are a little bit more resistant to handle those claims because they are very confused as to what those claims are and how they should or should not be handled, and that is what I meant by resistant.

Mr. TEJEDA. Thank you, Mr. Chairman.

Mr. EDWARDS of Texas. Thank you, Mr. Tejeda.

Any other comments or questions? If not, I want to thank the panel for being here. I know this is just one step in many efforts Mr. Slattery wants to make in continued oversight of this very important issue, and I want to thank you for your contributions today.

For the hearing record, I would like to say that AMVETS, Veterans of Foreign Wars, and the Enlisted Association of the National Guard will submit written statements, and we will leave the record open for 2 weeks to permit other interested parties to submit statements.

[The statement of the Chemical Sensitivity Alert Committee appears at p. 60:]

Mr. SLATTERY. Thank you very much for being here.

We will stand in recess subject to the call of the chair.

[Whereupon, at 11 a.m., the subcommittee was adjourned, to reconvene subject to the call of the chair.]

APPENDIX

THE HONORABLE MICHAEL BILIRAKIS
SUBCOMMITTEE ON COMPENSATION, PENSION AND INSURANCE
JUNE 8, 1993

BENEFITS AND CLAIMS OF PERSIAN GULF VETERANS

THANK YOU MR. CHAIRMAN.

FIRST, LET ME COMMEND YOU FOR SCHEDULING THIS IMPORTANT HEARING THIS MORNING. AS THE SUBCOMMITTEE WITH OVERSIGHT OF THE VA'S CLAIMS PROCESSING, IT IS INCUMBENT UPON US TO ENSURE THAT OUR VETERANS ARE RECEIVING THE BENEFITS TO WHICH THEY ARE ENTITLED.

MORE THAN 500,000 MEN AND WOMEN SERVED IN THE PERSIAN GULF WAR. MANY VETERANS WHO SERVED IN THE PERSIAN GULF ARE EXPERIENCING PERSISTENT AILMENTS, INCLUDING SKIN PROBLEMS, FATIGUE AND RESPIRATORY PROBLEMS. CONSEQUENTLY, THESE VETERANS ARE TURNING TO THE VA FOR TREATMENT AND COMPENSATION FOR THEIR SERVICE-CONNECTED DISABILITIES. HOWEVER, MANY VETERANS ARE HAVING DIFFICULTY ESTABLISHING SERVICE-CONNECTION FOR DISABILITIES BECAUSE OF THE ABSENCE OF SCIENTIFIC PROOF THAT THEIR MEDICAL CONDITIONS ARE THE RESULT OF THEIR MILITARY SERVICE.

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THE VA SHOULD BE COMMENDED FOR TAKING STEPS TO EXPEDITE THE PROCESSING OF CLAIMS FROM PERSIAN GULF VETERANS. HOWEVER, FROM THE WRITTEN TESTIMONY RECEIVED BY THE SUBCOMMITTEE, IT WOULD APPEAR THAT FAR MORE NEEDS TO BE ACCOMPLISHED.

MR. CHAIRMAN, I AM ANXIOUS TO HEAR THE TESTIMONY OF OUR WITNESSES AND LOOK FORWARD TO WORKING WITH YOU AND THE OTHER MEMBERS OF THE SUBCOMMITTEE TO ENSURE THAT OUR VETERANS RECEIVE THE BENEFITS AND CARE THEY HAVE EARNED.

THANK YOU, MR. CHAIRMAN.

Statement of
R. J. Vogel
Deputy Under Secretary for Benefits
Department of Veterans Affairs
Before the
Subcommittee on Compensation, Pension and Insurance
Committee on Veterans' Affairs
House of Representatives
June 8, 1993

Mr. Chairman and Members of the Subcommittee:

I am pleased to be here today to discuss what VA has done to help Persian Gulf War veterans obtain disability benefits for illnesses or injuries resulting from the performance of their duty to our country.

With me this morning are Dr. Susan H. Mather, Assistant Chief Medical Director for Environmental Medicine and Public Health, and Mr. J. Gary Hickman, Director of the Compensation and Pension Service.

When Operation Desert Shield/Desert Storm began, one of VA's primary concerns was to expedite claims processing for casualties of that operation. Each VA regional office established a Desert Storm team to specialize in processing both disability and death claims, and each division within the regional office assigned as members of the team people with the skills needed to expedite claims processing.

When an application for benefits is received, it is immediately delivered to the Desert Storm coordinator in the Veterans Services Division, who maintains a listing of these cases. A special label is placed on the Persian Gulf War veteran's claims folder to ensure priority handling. The claim is then handcarried to the Desert Storm coordinator in the Adjudication Division, who oversees the process of obtaining service medical records and verification of discharge from the military.

Additionally, each regional office appointed someone to act as liaison with VA medical facilities, service departments, and military retired pay centers to expedite the receipt of evidence necessary to adjudicate claims.

While on active duty, a service person's medical care is generally provided by military treatment facilities operated throughout the world by the individual uniformed services. Most health problems are diagnosed and treated while service members are on active duty, with follow-up care and rehabilitation provided by VA after discharge from active duty.

Approximately 657,000 active duty military service members and activated National Guard and reserve unit members served in the Persian Gulf during the Persian Gulf War. Of those, 230,792 are veterans who have been discharged from the military. As of April 19, 1993, we have received approximately 18,000 claims from these veterans or their survivors. Nearly 5,000 beneficiaries are receiving benefits and about 5,200 claims are still pending.

As veterans began filing disability claims for health problems resulting from exposure to environmental hazards endemic to the Persian Gulf theater, such as smoke from the oil well fires in Kuwait, VA also turned its attention to the long-term effects of environmental hazards to which Persian Gulf veterans may have been exposed during service in the Middle East.

Because of his concern for these issues, Secretary Brown assembled a panel of experts to examine the possible health effects of military service in the Persian Gulf, including multiple chemical sensitivity, chronic fatigue syndrome and post-traumatic stress disorder. The 16-member panel was composed of scientific experts in environmental and occupational medicine and related fields from both government and the private sector, as well as representatives from veterans' service organizations.

After their meeting last month, panel members individually concluded that additional review and analysis were essential in view of the complex scientific and medical variables associated with the various health problems. Recommendations were made relating to research, education and clinical care.

Regarding the processing of claims, VA centralized the processing of all disability and death claims based on exposure to environmental hazards in the Persian Gulf to the Louisville, Kentucky, regional office. This centralized claims processing is allowing rating specialists in Louisville to gain experience and develop further expertise in evaluating these special claims. It also makes it easier for us to identify patterns and common health problems which appear among veterans who served in the Persian Gulf.

Approximately 1,800 claims have been received from veterans in the Persian Gulf theater for disabilities claimed as a result of exposure to environmental hazards. The Louisville regional office reports that Persian Gulf veterans most commonly relate their disabilities to exposure to oil well fires or smoke; shots or medications; chemicals and paints; or insect bites or parasites. The primary conditions claimed are lung and upper respiratory problems; skin disorders; and digestive conditions.

We have completed our review of 403 claims from veterans who have claimed disabilities related to exposure to environmental hazards; 35 have been granted service-connection for their disabilities as of June 1, 1993. Service-connection has not been approved for some veterans with claimed disabilities resulting from exposure to environmental hazards because a disability was not shown by evidence of record, including service medical records or VA examination. Further, some veterans may have suffered from acute problems, but no chronic disability exists.

We are scheduling every veteran who claims a disability due to exposure to environmental hazards while in the Persian Gulf for an examination at the VA medical facility nearest the veteran's home. We feel it is important to conduct these examinations so that evidence will be of record documenting a veteran's present physical condition. If a claimed disability is of a vague or generalized nature, the examination may result in a diagnosis of a specific condition and subsequent treatment by VA.

The information obtained through these physical examinations will be even more important as time goes on and we learn more about the health effects due to exposure to environmental hazards. Should a veteran's health status change, we will be better able to evaluate and treat the individual.

We have experienced delays in adjudicating claims for a few veterans because doctors have been unable to assign diagnoses to account for the symptoms which the veterans are experiencing. We rely on the Veterans Health Administration for medical advice in these cases.

We have also experienced delays in obtaining service medical records in some claims because of the need to request them from reserve units scattered around the country, particularly if the veteran is still a member of the active reserves. Since the majority of VA's requests for service medical records are directed to the National Personnel Records Center in St. Louis, Missouri, reserve unit staffs are less experienced at responding to our requests. To deal with these problems, the Louisville regional office has designated individuals to act as liaisons between reserve units and VA. As problems arise, the reserve units are contacted to seek solutions.

In addition to establishing special procedures for processing claims for benefits based on exposure to environmental hazards in the Persian Gulf, VA has established and will maintain a health registry listing the names of certain individuals who served in the Persian Gulf War theater of operations during the Persian Gulf War.

We will include the names of individuals who served in the Persian Gulf War and who apply for VA care or services; file a claim for compensation based on any disability that might be associated with this service; die and are survived by a spouse, child or parent who files a claim for dependency and indemnity compensation based on this service; request a health examination from VA; or receive a health examination from the Department of Defense and request inclusion in our registry.

Also, veterans listed in the registry may elect to have their medical data included in the Persian Gulf Health Registry. We have established procedures to identify and contact Persian Gulf War veterans to ensure that they have the opportunity to have their medical information included.

We are cross-checking the names in the registry against veterans claims records. Veterans who have not elected to have their medical data included in the registry are contacted to offer them an opportunity to do so. If a veteran is deceased and a death claim has been filed by a survivor, we review the claims folder to determine if a disability or death is related to Persian Gulf theater service. If so, we then include the deceased veteran's medical data in the registry. We also have modified the compensation and pension application form to include a question asking if veterans want their medical information included in the registry.

Mr. Chairman, VA constantly seeks to provide good and efficient service to all veterans and their families and to fulfill our commitment to those who rely on us for help. We look forward to working with you in achieving these goals. I will be happy to answer any questions that you or members of the committee may have.

STATEMENT OF
JOSEPH A. VIOLANTE
LEGISLATIVE COUNSEL
OF THE
DISABLED AMERICAN VETERANS
BEFORE THE
SUBCOMMITTEE ON COMPENSATION, PENSION AND INSURANCE
OF THE
COMMITTEE ON VETERANS AFFAIRS
U.S. HOUSE OF REPRESENTATIVES
JUNE 8, 1993

MR. CHAIRMAN AND MEMBERS OF THE SUBCOMMITTEE:

On behalf of the more than 1.4 million members of the Disabled American Veterans (DAV) and its Women's Auxiliary, I wish to express our deep appreciation for this opportunity to provide the Subcommittee with DAV's assessment of Persian Gulf War veterans' experiences in pursuing claims for benefits at the Department of Veterans Affairs (VA); particularly, the difficulties the VA and these veterans are facing with regards to establishing service connection for disabilities for which diagnoses have not been defined.

At the outset Mr. Chairman, we wish to thank you, Ranking Minority Member Representative Bilirakis and the members of the Subcommittee for the timely exercise of your oversight responsibilities. We certainly appreciate the fact that your highest priority has been placed on bringing about major improvements in the manner in which veterans' claims and appeals are processed. By focusing your attention on the claims process and the Persian Gulf War veterans, you have demonstrated, in a most meaningful way, your commitment to ensuring that America's Persian Gulf War veterans and their families receive the VA benefits and services to which they are entitled in a timely manner.

Mr. Chairman, you have shown your concern for this important issue by meeting with members of the Veterans' Service Organizations (VSOs) to discuss the seriousness of the crisis facing the claims adjudication and appeals process and to request suggestions as to how to make the system work more efficiently. The VSOs have now met on several occasions and have come to a consensus on how to improve the system and make it more efficient. Hopefully, this Subcommittee will be able to take action on our recommendations.

Additionally, Ranking Minority Member Repreaentative Bilirakis has recently observed a personal hearing before the BVA and has solicited suggestions from our staff as to how the system can be improved. I am happy to report that we were able to meet with members of Representative Bilirakis' staff and that suggestions as to simplification of VA forms were discussed. Again, I am hopeful that changes can be accomplished in this area.

Mr. Chairman, you and members of the Subcommittee deserve special recognition for the concentrated effort being made to garner as much information as possible on this most important subject, the adjudication of VA claims, particularly as it relates to our newest generation of veterans, the Persian Gulf War veterans. The DAV acknowledges and applauds these efforts.

Like you and the members of the Subcommittee, Mr. Chairman, DAV is committed to ensuring that America's service-connected disabled veterans, their dependents and survivors receive the VA benefits and services to which they are entitled.

To accomplish this goal, DAV employs a core of 222 professionally trained National Service Officers (NSOs) in 69 offices throughout the country. Our NSOs provide counseling on a wide range of VA benefits and services. However, the majority of their activities are dedicated to assisting veterans and their families on claims for compensation, pension and survivors' benefits from VA Regional Offices (ROs).

To ensure effective DAV representation and proper VA handling of claims of veterans suffering medical symptoms related to environmental hazards and infectious diseases from the Persian Gulf, the DAV has been tracking Persian Gulf veterans' claims. Our National Service Officers have been submitting copies of VA regional office rating actions to our National Service and Legislative Headquarters. Our NSOs have sent in hundreds of Persian Gulf veterans' claims represented by DAV. I have reviewed these adjudicated claims, which consist of mostly "routine" claims. These "routine" claims appear to be handled properly by the VA.

For the most part, Mr. Chairman, the few claims relating to exposure to environmental agents were routinely denied as either not shown in service or not shown on the last examination. In one case, a veteran's complaints of multiple joint pain and fatigue were service connected and classified as arthralgia of multiple joints with fatigue. The disability was rated as a ten percent disability. However, the vast majority of these claims are denied.

In preparing for our testimony today, we contacted our NSOs and asked them questions about the adjudication of claims filed by Persian Gulf War veterans. In general, our NSOs reported one of the biggest obstacles in the timely adjudication of these claims is the VA's inability to obtain the service medical records (SMRs) from the military, particularly reserve and national guard units. Without the SMRs, it is difficult to properly adjudicate these claims.

Congress, in its ultimate wisdom, has seen fit to require the Secretary, in claims for service connection, to take into consideration the places, types, and circumstances of a veteran's service as shown by the SMRs, service records, official history of each unit in which the veteran served, and all pertinent medical and lay evidence (38 U.S.C. Section 1154(a)). Further, in the case of any veteran who engaged in combat with the enemy, the Secretary shall accept as sufficient proof of service connection of any disease or injury alleged to have been incurred or aggravated by such service satisfactorily lay or other evidence of service incurrence or aggravation of such injury or disease, if consistent with the circumstances, conditions, or hardships of such service, notwithstanding the fact that there is no official record of such incurrence during service. Additionally, the Secretary "shall resolve every reasonable doubt in favor of the veteran" in such cases and can only rebut this evidence with "clear and convincing evidence to the contrary" (38 U.S.C. Section 1154(b)).

Mr. Chairman, Congress has provided the Secretary with the means to adjudicate these difficult and complicated claims even in the absence of official medical records. If the SMRs are unavailable, for whatever reason, the Secretary can give due consideration to the fact that these records are unavailable and, without penalizing the veterans, the Secretary can adjudicate these claims based on other evidence such as the service records, unit history, the veteran's statement, and private medical records or lay statements.

Mr. Chairman, as I have testified in the past, VA laws and regulations are very liberal. They were designed to be liberal

in order for a grateful nation to properly care for its sick, wounded and injured veterans, their dependents and survivors. These laws are even more liberal in their application to those veterans who engaged in combat with the enemy, and the Secretary must also give due consideration to the places, types, and circumstances of a veteran's service. Because each period of war, battle or campaign is different, the Secretary has been given a wide latitude in the adjudication of claims for service connection.

While it is important for the long term health care needs of the Persian Gulf War veterans to determine the cause or causes of their ailments, it is not necessary to find a cause and effect relationship to establish service connection for these disabilities. Congress and the VA have in the past granted service-connection status for diseases suffered by certain veterans, i.e., former prisoners of war, radiation-exposed veterans, and Agent Orange-exposed veterans, based on VA studies that merely showed "a higher incidence" of physical or psychological disorders that are "related" to the conditions or circumstances of their particular service. These studies did not try to establish a causal relationship.

Mr. Chairman, if the VA is unable or unwilling to acknowledge that certain Persian Gulf War veterans are suffering from diseases or illness, from whatever cause or causes, as a result of their service to their country on distant, foreign shores, and to grant service connection for these disabilities, then Congress must take the initiative to do so. This situation must be addressed now, before it gets out of hand. These veterans should not be made to wait for their benefits until the VA can determine the exact cause of their illness.

Mr. Chairman, the adjudication process is being complicated by a lack of guidelines and difficulty in diagnosing the illnesses. Based on my conversations with people around the country, there appears to be a problem with the way VA health care and medical examinations are being conducted. First and foremost, is the fact that the VA is not receiving proper guidance on the type of tests that must be performed or on the procedures to be followed. The VA must establish a National protocol, other than the Agent Orange protocol, and the Department of Defense (DoD) must help to coordinate this effort. Military medical journals have already published studies in the environmental hazards area, such as the article "Al Eskan Disease: Desert Storm Pneumonitis," and Military Medicine, Vol. 157, September, 1992. The VA need not reinvent the wheel, but what is needed is cooperation between VA and DoD.

Current VA testing, based on the Agent Orange protocol, is not designed to address the health issues resulting from the multiple environmental hazards these veterans were exposed to in the Persian Gulf. One VA physician has described the current testing as "useless." However, the VA has stated that it is expanding this protocol. Yet, these current test results are being used as the basis for the denial of service connection.

In order to properly study the residual effects of toxic environmental exposures experienced by Persian Gulf veterans, a special medical facility, an Environmental Medicine Unit, should be created. Here, an exposed veteran can undergo detoxification and be re-challenged by stimuli to determine if their conditions are physiological or psychological in nature. Until such a facility is created, it is unlikely that we will be able to accurately diagnose the symptoms.

Additionally, DoD must ensure that the Persian Gulf War veterans receive proper medical care and medical examinations, particularly, a detailed separation physical with an in-depth

medical history. Because a large number of claims are being denied on the basis that the disability was not shown in service, it is important that these veterans be given every opportunity to document their in-service difficulties.

Secondly, there is a lack of coordination within the VA. VA healthcare interventions are presently organized to respond to symptoms rather than focus on possible underlying etiology. No single VA medical person has the "big picture" of a veteran's multiple symptoms. If a veteran presents him or her self to a VA medical clinic with a number of different symptoms, he or she is referred to each clinic that handles the specific symptom. In other words, a veteran suffering from headaches, rashes and a gastrointestinal disorder is sent to three different clinics. Sometimes, by the time the veteran is seen the symptoms have disappeared, only to return at a later date. **Coordination of care** and disease tracking could facilitate the overall understanding of the episodic as well as interrelational aspects of the medical problems reported by Persian Gulf veterans.

Mr. Chairman, this brings me to the final point. VA rating specialists and adjudicators must be trained to understand the significances of the clustering of symptoms. They must be instructed on the proper identification of environmental diseases that present a cluster of symptoms; otherwise, these veterans will not receive service connection for the underlying disease entity. Because many of these symptoms wax and wane, it is almost impossible to get a true picture of the disability on one examination or the piecemeal clinical approach currently being utilized by the VA. Medical history, therefore, plays an important role in understanding the "big picture" of the disabilities. Yet, VA claims adjudication does not place much significance on histories provided by the veteran. Accordingly, if these claims are to be properly adjudicated, the VA, and VA physicians, must give due consideration to these medical histories.

Currently, the VA has established the necessary foundation for caring for Persian Gulf veterans' medical needs. Although certain adjustments will have to be made based on the input of experts in the field of environmental medicine, the VA has been quick to react to these basic needs which include:

* Comprehensive medical, rehabilitation and mental health services are provided through 171 VA hospitals and more than 500 outpatient clinics and community-based counseling centers. Veterans of the Persian Gulf conflict have special access to counseling through VA's community-based vet centers without eligibility restrictions. As with any veteran of any period of service, a Persian Gulf veteran with a medical problem that has been found to be connected to his or her service has mandatory-care priority access to medical services.

* VA has urged Persian Gulf veterans with medical problems who believe they were exposed to environmental hazards to come to the VA for an examination and become part of a registry that will provide medical surveillance. By computerizing diagnostic data, detection of any patterns may be enhanced to offer directions for research or policy review. If new scientific data becomes available, the registry could be used to call veterans back for further examination and to keep concerned veterans informed about scientific findings and any policy developments.

* VA has established special environmental medicine

referral centers at its hospitals in West Los Angeles, Houston and Washington, D.C., to handle cases of unusual symptoms in Persian Gulf veterans whose evaluation at a local VA medical center has evaded diagnosis. The centers will bring together experts in such areas as pulmonary and infectious diseases, immunology, neuropsychology and access to toxicological expertise.

* VA has established the VA Regional Office in Louisville, Kentucky as the adjudication center for environmental hazards claims of Persian Gulf veterans. By concentrating all these claims in one location, the VA hopes to develop an expertise in its rating specialists and adjudicators.

Mr. Chairman, Persian Gulf veterans face a two-pronged dilemma. Although most experts concede that these veterans were exposed to a wide range of environmental hazards such as experimental drugs, high levels of toxic substances from the oil field fires, radioactive residue, parasites, pesticides, and Al Eskan disease, there is little consensus in the medical/science community as to the residuals, if any, from these exposures, particularly with respect to multiple chemical sensitivity. In turn, claims for service connection are denied based on the absence of a medical/science connection between the exposure and any residual disability.

Mr. Chairman, in order to properly adjudicate Persian Gulf veterans' claims, the following should be accomplished:

* Creation of an Environmental Medicine Unit;

* Military-wide policy requiring in-depth separation examinations with detailed medical histories;

* Greater coordination between VA and DoD to develop a national protocol for Persian Gulf veterans;

* Greater access to SMRs;

* Proper application of liberal laws and regulations;

* Use of "higher incidence" standard instead of a causal relationship standard;

* Establishment of specific guidelines relating to possible exposures, potential residuals, etc.;

* Coordination of care and disease tracking; and

* Training of rating specialists and adjudicators to facilitate the overall understanding of the episodic as well as interrelational aspects of the environmental diseases experienced by Persian Gulf veterans.

In closing, we wish to again thank the Subcommittee for its willingness to place a high priority on solving the claims' adjudication problems of our most recent class of veterans, the Persian Gulf War veterans.

This concludes my statement. I would be happy to answer any questions you may have.

STATEMENT OF STEVE ROBERTSON, DIRECTOR
NATIONAL LEGISLATIVE COMMISSION
THE AMERICAN LEGION
BEFORE THE SUBCOMMITTEE ON
COMPENSATION, PENSION AND INSURANCE
COMMITTEE ON VETERANS AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES

JUNE 8, 1993

Mr. Chairman and Members of the Subcommittee:

The American Legion appreciates this opportunity to offer comments on the health problems affecting many veterans of the Persian Gulf War and the difficulties many have experienced in establishing entitlement to disability compensation for conditions which had their onset during or shortly after military service in the Persian Gulf area.

The Secretary of Veterans Affairs at the first meeting of VA's Persian Gulf Scientific Panel one month ago stated publicly that he did not want to see another atomic veteran or Agent Orange situation and that VA would be proactive.

In light of the Secretary's comments and the reality of still unresolved health problems affecting many Persian Gulf veterans, we wish to commend you, Mr. Chairman, for scheduling this hearing today to examine what has been happening to these veterans over the last three years. While the actual combat lasted only 100 hours, with thankfully relatively few casualties among our troops, many who served there during Operation Desert Shield and Desert Storm have returned home with a variety of health complaints and problems. In a number of instances, veterans have experienced progressive disability to the point of being unable to perform their duties or maintain their jobs causing severe financial hardship for them and their families.

It is time that Congress take a serious look at this situation and what VA and DoD have been doing to try to help them. And, finally, what now needs to be done to ensure these men and women receive all benefits to which they are entitled in a timely manner.

The period of the Persian Gulf War began on August 2, 1990 with the commencement of Operation Desert Shield. It will terminate on a date set by Presidential proclamation or

concurrent resolution of the Congress. In sending military forces to the region, many of the potential nonmilitary health hazards were known, i.e. certain diseases, parasites, and insects which are endemic to the Persian Gulf countries. Immunization shots were routinely given for a spectrum of diseases. It is also established that most of the ground based personnel were also given inoculations against a variety of biological agents such as anthrax, and others which were thought to be in the Iraqi arsenal. Individuals receiving such inoculations were not generally advised of any potential health risks or consequences, with the exception of what might happen if they did not take the shots and these biologic agents were used against the U.S. forces.

It soon became very clear to those serving in this area and their military commanders as well as millions watching television that there were other unanticipated potential health hazards -- the massive oil spills into the Persian Gulf, the destruction of hundreds of oil wells and fires which burned unchecked for months, exposure to smoke from burning material dumps, contaminated water supplies, extensive use of pesticides on equipment and ships, possible exposure to radiation hazards from handling of munitions containing depleted uranium and destruction of captured military equipment damaged by such munitions, etc.

From August 2, 1990 to the present, according to DoD data, approximately 575,000 armed forces personnel were deployed to the war zone. Of these, 467,159 or two thirds were from active duty units of the Army, Navy, Air Force, and Marines, and the remaining third or 106,047 were from activated Reserve and National Guard units. By mid-1990, a major demobilization was well underway which has seen thousands of individuals discharged or released from active duty. However, it is estimated that the majority of active duty personnel who served in the Persian Gulf War continue to remain on active duty and have been sent to new duty assignments.

What has been of particular concern to The American Legion is the fact that many service persons including both active duty and reservists started reporting persistent physical complaints and symptoms while they were on duty in the Persian Gulf theater of operations or shortly after their return from duty in that region. These complaints included painful joints, skin problems, fatigue, memory impairment, respiratory problems, and in some instances, progressive hair loss.

The American Legion has been contacted by a number of individuals who have remained on active duty and who continue to have some or all of these problems which is affecting their ability to perform their military duties. As a direct result, they feel their military careers may be in jeopardy, especially with the increasing pressure to downsize the armed forces. Many say they are unable to receive appropriate medical care and are afraid they may be forced out of the service if their medical condition comes to light of their superiors or are already in the process of being discharged for medical reasons. Some have gone so far as to seek civilian care at their own expense in the hope of finding out what is wrong and to be cured. Other veterans of the Persian Gulf War who have been discharged or released from active duty have also contacted us with similar medical problems and complaints about the lack of cooperation from the military and a lack of assistance from VA.

The American Legion has been glad to assist in VA's outreach efforts to inform veterans about the Persian Gulf Registry program and the availability of VA health care services. However, much to our concern, many of them have gone to VA seeking assistance in developing a claim and appropriate medical care with often less than satisfactory results. We do not believe Congress intended that veterans be forced to seek needed medical care which will also provide evidence to substantiate their VA claim at their own expense due to VA's inability or unwillingness to respond to their needs.

We have been particularly troubled by the fact that since early 1990 with the first returning troops, neither the Defense

Department nor the Department of Veterans Affairs has moved aggressively to ascertain the underlying cause or causes for the commonly described symptoms. We are not satisfied with either Federal agency's response that the only disability of service origin common among the Persian Gulf veterans examined has been Post-Traumatic Stress Disorder, rather than any physical cause for their symptoms or complaints. We believe this official negative attitude has had a direct and adverse affect on the manner in which claims for conditions which may well be due to environmental or other factors present during the Persian Gulf War have been adjudicated by VA.

Efforts by Persian Gulf veterans to establish claims for service-connected disabilities have been also affected by variations in the separation physical examination policies and procedures of the armed services. In 1991, at the request of the then Chairman of the Senate Committee on Veterans Affairs, Alan Cranston, the Government Accounting Office (GAO) investigated this situation. They found, among other things, that many veterans did not routinely receive a separation or release from active duty physical examination. This was especially true for those activated reservists and National Guard members who were returning to reserve status. As a result, veterans have been forced to seek out alternative supporting evidence, if available. Many veterans leaving service continue to receive inadequate separation examinations or no exam at all, and we are not aware of any action by the Department of Defense to implement the recommendations to resolve this and other problems highlighted in the GAO report.

Beginning with Operation Desert Shield, VA has issued a series of instructions to the regional offices regarding the identification and development of claims by Persian Gulf veterans relating to the health effects of in-service exposure to various environmental hazards which may have been encountered during the war. Based on the information reported on such claims by the regional offices, the Veterans Benefits Administration through its Environmental Agent Review program

has identified a variety of potential environmental hazards. VBA has also consulted with officials of the Veterans Health Administration and other sources on the state of medical and scientific knowledge about such hazards and related environmental health issues.

Under these guidelines, when a claimant refers to exposure only or residuals of exposure to an environmental agent, the regional office is to obtain more specific information from the individual concerning any disability present. If disabilities of a vague or generalized nature are claimed, a VA medical examination is to be conducted. The examining physician is to be advised to obtain as much information as possible. The instruction also requires that "Even in the absence of of specific allegations in individual claims, rating specialists should be alert for any pattern which appears to share or suggest a common environmental factor." It is incumbent upon the regional offices to correctly identify all issues in any claim by any veteran. In the case of Persian Gulf veterans, this process is especially important.

In December 1992, processing of all claims based on exposure to environmental hazards in the Persian Gulf War was centralized at the Louisville VA regional office. Given the many and complex environmental health issues associated with such claims, we could see the advantage of centralizing adjudication at one station which had in place special expertise or training to handle this additional responsibility. As for the choice of Louisville, we must ask - why was this station chosen from the other 57 regional offices? It has come to our attention that Louisville was not provided any additional staffing to handle Persian Gulf claims, nor has the staff been provided with any special training or information on the Persian Gulf War and the unique problems faced by individuals serving in the war zone. We believe this was and continues to be a major deficiency in this program. Current staffing is insufficient to handle both Persian Gulf claims and the normal caseload of claims coming under the jurisdiction of this regional office.

We believe VBA must do something to provide this station with additional and more qualified staffing and improve the timeliness of claims processing in the very near future.

According to VA statistics, approximately 228,400 veterans of the Persian Gulf War have been discharged or separated from service. By the end of the first half of FY 1993, a total of about 18,000 claims for all types of disabilities had been received from these veterans or their survivors. VA reports that of these, only 1,800 or 10 percent were claims for upper respiratory problems, skin conditions, and gastrointestinal problems based on exposure to environmental hazards, such as oil well fires and smoke, vaccinations, chemicals, insects, and parasites. As of the beginning of June 1993, 403 environmental hazard claims had been completed by the special Persian Gulf claims processing unit at the Louisville regional office. Service connected benefits were granted in only 35 cases. The most common reasons for denying the other claims was that no evidence of disability was contained in the service medical records or no residuals shown on the VA examination.

Over the last three years, The American Legion has worked closely with many Persian Gulf veterans with a variety of health problems who were seeking VA disability benefits. As with other types of claims, it is taking six months to a year or more to complete the adjudication process. However, in a number of instances, this delay, together with the seriousness of the veteran's disability and the resulting severe financial hardship, has compelled us to intervene with the local regional office or VA central office on their behalf to have an expedited decision on the issue of entitlement to pension while the claim for service connection was still pending. Under these circumstances, if sufficient information was of record, VA should have acted on the issue of pension. But, because it was not specifically claimed, regional offices generally felt under no obligation to inform the veteran concerning their possible entitlement to benefits other than disability compensation and provide any additional assistance necessary.

This nation's veterans experience with the still unresolved issue of the long-term health effects of exposure to such hazards as Agent Orange, ionizing radiation, asbestos, and most recently mustard gas must not be repeated. The health concerns of veterans of the Persian Gulf War are very real, regardless of whether or not they are experiencing problems at the present time. The fact is that a significant number of these veterans have serious health problems which are directly affecting their personal lives and the lives of their families.

The American Legion believes that the only reasonable way in which their health concerns and health-care needs can be directly addressed is through an epidemiological study of individuals who served in the Persian Gulf theater of operations compared to a cohort group of individuals on active duty during the same period of time but who did not serve in the region. Information on units deployed to the war zone and their locations during the entire period of Operation Desert Shield and Operation Desert Storm is in the process of being compiled by the Department of Defense in conjunction with the U.S. Army and Joint Services Environmental Support Group (ESG). It is possible to identify and contact a sufficient number of individuals for the study groups and develop a study protocol with the requisite statistical power to highlight any significant health issues related to military service in the Persian Gulf.

Although VA has established a Persian Gulf veteran protocol examination and a Persian Gulf health registry, these initiatives are not part of a directed and coordinated research and treatment program designed to specifically address the health problems and concerns at issue in Persian Gulf claims. Information is not being developed or maintained in a form which can be of direct benefit to VA adjudicators or researchers. Persian Gulf veterans are encouraged to seek assistance from their local VA medical center and enroll in the registry. However, as with veterans who have participated in the VA Agent Orange examination and registry program, they are seldom

provided with information necessary to file a proper claim or answer their many health questions.

We, therefore, believe there is an urgent need to begin this study process as soon as possible, given the long period of time it will take to conduct any such study, and the fact that something needs to be done to ensure that those now ill as a result of problems which began while in the Persian Gulf are adequately cared for and appropriately compensated for their current level of disability.

In addition to an epidemiological study of Persian Gulf veterans, The American Legion recommends that VA establish an advisory committee to specifically review scientific research on environmental health issues in that region and what steps VA and DoD have taken to provide adequate medical care for those who may have served in the Persian Gulf and who have continuing health problems. This committee should likewise consider ways to better coordinate VA's and DoD's research and treatment programs, to include utilization of specialized resources which may be currently available in the private sector. It should ensure that any medical information from whatever source -- VA, DoD, public and private health sectors -- is made immediately available to the Louisville regional office and all other regional offices to assist them in the proper evaluation of Persian Gulf claims.

This advisory committee should also review current VA guidelines used in the adjudication of claims by Persian Gulf veterans. VA has developed a list of certain environmental hazards. However, we are concerned by the trend toward the develop an exclusive list or limited group of disabilities which VA believes is related to any such hazards, such as the list of radiation and dioxin-related diseases. This would be primarily for the convenience of the rating board and adjudicators, rather than to ensure the veteran's claim is fully developed and properly considered. It would allow VA to prematurely and arbitrarily reject a veteran's claim for a disability he or she believes is related to active duty service in the Persian Gulf

War. As with any other type of claim, veterans should not be forced into unnecessary appeals to have a basic adjudication problem corrected.

In conclusion, Mr. Chairman, after almost three years, a substantial number of Persian Gulf veterans still have serious health problems and disability. The Federal government has a major responsibility to provide compensation and medical care for all problems resulting from duty in the war zone. Time continues to pass with little or no prospect of a concerted effort by any Federal agency or department to directly address the immediate and long-term environmental health concerns of these veterans. The American Legion believes that such action is absolutely necessary if these veterans are to receive all benefits and services they are entitled to by law and intended by Congress.

Mr. Chairman, that concludes our statement.

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STATEMENT OF

VIETNAM VETERANS OF AMERICA

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Before The

House Veterans Affairs Subcommittee on
Compensation, Pension and Insurance

On

Desert Storm Benefit Claims and Other Problems

June 8, 1993

INTRODUCTION

Mr. Chairman and members of the subcommittee, Vietnam Veterans of America (VVA) is pleased to have the opportunity to present testimony regarding the experiences of Persian Gulf War veterans in filing claims. Under the circumstances, we take an opportunity to discuss a full range of issues concerning Desert Storm veterans that ultimately will bear on the claims for benefits these veterans will file in the future.

In order to establish the credibility of VVA's concern for veterans of Desert Storm, at our founding convention, VVA pledged that never again shall one generation of veterans abandon another. That pledge, however, is not all that brings us here today.

Thousands of Vietnam War veterans served in Operation Desert Shield and Desert Storm. Although not as famous as their commanding general, many were Vietnam veterans who remained on active duty after the close of the war in Vietnam. Many of the young volunteer active duty military, Reservists and National Guardsman and women are children of Vietnam veterans or relatives of Vietnam veterans. The interest and involvement of VVA is both direct and heart felt. These are our brother and sister veterans as much as they are our sons, daughters and loved ones.

The terrain and the climate of the war they fought was different from our war of a quarter-century ago. So too was the support they received from the nation during the war and the welcome home they received at it's conclusion. Let the record reflect that their welcome home celebration became, in part, ours. In New York City, for example, thousands of Desert Storm veterans, after completing their march, doubled back along the parade route and entered the groups of Vietnam veterans. They stated over and over again, "If it were not for you Nam-vets, we would not have this, and we know it." We supported them during the war, and support them now.

CLAIMS FOR BENEFITS

Now more than before, is when they need our support the most. The parades are over and the pats on the back are ended. The harsh reality of being incapacitated mentally or physically has replaced the euphoria of a victorious return. The knowledge that those who sent you to war are, generally, no longer concerned with your well being is a traumatic shock. The stark realization that the Department of Veterans Affairs (VA), who the military leadership had promised would take care of your problems when you were discharged, is not in the business of approving claims but disproving claims, leaves the veteran frustrated, angry and feeling betrayed by the nation he or she served. Those are the realities faced by veterans and their families, regardless of the claims of the Department of Defense (DOD) and the VA that this war produced no serious health problems. Further, these agencies state that the government is doing all it can to correct those problems that it has identified. VVA would like for that to be true and, while it may be true in some very clear cut cases, such as wounds received in battle, it is not true in the case of illness and mental disorder. It would appear that the old adage of "show me the scar and I'll believe you are disabled" holds more weight than ever before. The veteran who is missing a limb as a result of a combat wound is more readily believable than a veteran who is suffering from rectal bleeding, dramatic weight loss, hair loss (which returns with complete loss of pigment), chronic diarrhea, debilitating fatigue, muscle and joint aches and on and on ad nauseam.

It would be unfair to indicate that only Desert Storm and Shield veterans have problems filing claims with the VA. In fairness, VVA agrees that all veterans have problems filing claims with the VA. The VA seems to operate in the same mode as the

Defense Intelligence Agency working on POW/MIA issues. That mode is to disbelieve, disprove and discredit all claims, allowing only those claims that cannot, beyond a shadow of a doubt, be disproved to flow through the sluggish claims process. All other claims that have been denied are forced through lengthy appeal and reappeal processes. In fact, most veterans become so frustrated with the delays in the system that they finally give up. This is not because their case is not valid, but because they cannot endure the additional emotional strain and financial cost of pursuing their claims.

Desert Storm veterans face a more serious problem filing claims for benefits than most veterans. The recent practice of not providing exit physicals to discharging veterans, sponsored by the DOD, fails to alert discharging veterans of health problems they might not have previously noticed. Recent conversations with discharging Desert Storm veterans from Fort Dix, New Jersey indicate that the only medical exam they were given was an eye exam. Further, the VA, supported by DOD, is already preparing to deny claims even before they have been filed and, while it may be unintentional, at least one military medical official may have biased VA medical personnel against testing for several potential causes by his commentary in the VA's October, 1992 Persian Gulf Review. These claims that are being dismissed, almost out of hand, are claims associated with chemical exposure, parasitic exposure and radiation exposure.

PERSIAN GULF HEALTH REGISTRY

Congress deserves significant credit for the establishment, in the Veterans Health Care Act of 1992, of the Persian Gulf Veterans Health Registry. This tool, listing every individual who served in the Persian Gulf theater of operations, will allow a valid and committed researcher to identify who was there and to have a data base for statistical analysis. The problem is, however, that statistical analysis can never substitute for an epidemiological study and, when combined with the Department of Veterans Affairs ten year contract with the NAS, will only provide statistical data about what has already occurred. Yet, even with these tools, veterans are already being denied claims because their medical records cannot be located or their military record fails to reflect their service in the Gulf.

While the VA has published the Persian Gulf Registry requirements, it is significant to note that Reservists and National Guard personnel are not being tracked through the VA system. This information was obtained through a Freedom of Information Act (FOIA) request.

HEALTH CARE NEEDED

Further, while the VA has designated several facilities to handle the severely affected Gulf War Veterans, it is incumbent upon Congress to understand what happens when an individual reports to one of those facilities. As an example, I would offer Mr. Nick Kresch. Mr. Kresch has been suffering from fatigue, joint and muscle aches, rectal bleeding and plethora of other health problems. He was advised to go to the specialized facility in Los Angeles by a VA facility in Illinois. Mr. Kresch is unable to work and is without funding. Upon arrival in Los Angeles, the VA facility denied knowledge of his coming. He was kept in the emergency room for over six hours. He met with a panel in the hospital at which time he was advised that he would have to stay in the domiciliary unit. He would be responsible for the cost of his meals and for the privilege of staying, his job would be to wax and buff floors. Is this the method of specialized care that these veterans are to be treated to--to arrive without notification, to be put on a labor gang when you have reported that you are too sick to work? Mr. Kresch may have been exposed to chemicals which are causing his problems. It make no sense to assign him to duties that include exposure to dust and wax vapors.

Similarly, when Gulf veterans report to a general VA facility or to one of these designated care centers, there is at least some evidence to suggest a deliberate deemphasis of the seriousness of the symptoms reported. The medical worksheet used to track Persian Gulf veterans' medical problems is so cursory that overall examinations must be seen as only half hearted (see attached worksheet).

THE PROBLEMS ARE REAL, NOT IMAGINED

VVA does not profess to be an expert in the field of epidemiology, nor do we profess to be medical experts. What we do contend, however, is that we can tell you that the veterans and the families of the veterans who served are worried about the environmental hazards they have been exposed to and they are concerned about the health impacts, not only upon themselves, but their families. Many veterans report that their wives have been suffering miscarriages, hair loss, kidney infections and rashes complete with lesions. They are both concerned and angered by the glib answers being given. Many are tired of being told that their symptoms are caused by chronic fatigue syndrome (CFS) or PTSD. We refuse to believe that all of these symptoms are in their heads.

These veterans are afraid of their deteriorating health. They are afraid of the economic disaster that they have already encountered by paying out of pocket for diagnosis and treatment that should have been provided by the VA. They are afraid that they cannot or will not be able to work and provide an income for their family. They are afraid that, even if allowed to work, they will not be able to secure medical coverage or life insurance for themselves and their families without paying exorbitant premiums or being eliminated from reimbursement for pre-existing conditions. For those who already possess medical coverage, they are slowly depleting their lifetime maximum benefits by filing claims against their insurance that should have been covered by the VA.

These concerns are not diminished in any way by the government's reliance upon specific scientists who, for years, seemed to think that Agent Orange was a soft drink. General Ronald R. Blanck, now the commander of Walter Reed Army Hospital and a member of the Persian Gulf Expert Scientific Panel appointed by VA Secretary Jesse Brown (VVA was not invited to serve on this panel), has been quoted as reporting that extensive evaluation at Walter Reed Army Medical Center and certain VA hospitals by the Reserve Component medical system and thorough epidemiological investigations have failed to show any commonalty of exposure or unifying diagnosis to explain a wide range of symptoms that have shown up among veterans since the Gulf War. If that is so, than one would be asked to accept that the diagnoses of CFS, Chrones Disease, Fibromyalgia and Alopecia given to many active duty personnel and veterans is simply coincidental and has nothing to do with their service in the Gulf War.

GOVERNMENT HAS BEEN PROVEN UNTRUSTWORTHY

The burden of proving that their ailments are related to exposure to chemicals, depleted uranium, sand flies (parasitic infection), modified (untested) vaccines/inoculations and possible enemy chemical and bacteriological agents must not be allowed to rest on the shoulders of the veterans and their families. Their testing and diagnosis must also not be allowed to remain within the realm of the VA, the CDC, the or the DOD. These agencies have historically shown a vested interest in the outcome of studies and the value of their research will forever be questioned by the veterans community. Some have an interest in denying responsibility while others are motivated by purely fiscal considerations and all are subject to political whims and direction.

What is necessary is a bold step, one that should have been taken long ago. Congress must act immediately to establish

entirely independent testing, diagnostic and treatment facilities throughout this nation.

INDEPENDENT TESTING, DIAGNOSIS AND TREATMENT IS NEEDED

These facilities must be connected with universities or hospitals that specialize and are on the cutting edge of diagnosis and treatment of occupational illness (specifically chemical and radiation exposure), Multiple Chemical Sensitivity, cancer research and parasitic infection (see attached article on Multiple Chemical Sensitivity in Gulf veterans). These facilities must be allowed to operate without restriction and/or interference from the DVA, DoD, or CDC. Their findings must be combined and compared and published openly, without prior review or comment by the aforementioned agencies. They must be allowed to confidentially examine, diagnose and treat not only veterans, but active duty military, National Guard and Reserve veterans of Desert Storm and Shield. They must be allowed to examine, diagnose and treat family members of veterans including children conceived after Desert Storm and who report adverse health affects. Finally, their diagnosis must be accepted, without challenge by the VA.

As part of this proposal, we strongly recommend the establishment of professional teams of specialists who can travel to Kuwait and conduct medical status surveys of the indigenous population. In this way, a better picture of what symptoms and medical conditions are common to both our veterans and the local population.

We realize that the cost of such a project could be great. Consider, however, the cost to each individual veteran and their family if we do not undertake such a project. Consider the cost to this nation in the knowledge that our youth has been sent to war and will be abandoned upon their return simply because the cost of legitimate diagnosis and treatment is too great for this nation to bear.

Those who have already borne the cost must be compensated immediately for their outlay. The undiagnosed and untreated "Desert Storm Syndrome" has already cost them more than they should be expected to pay.

The United States government should immediately undertake negotiations with the grateful government of Kuwait and secure their financial participation to offset the cost. If these now ill veterans of the Gulf War had not fought, Kuwait would not have regained their oil fields and vast wealth. If this nation can add an energy tax to increase it's revenue to pay for other programs, we can most assuredly divert some of that tax to this program to treat those who helped preserve our low cost of energy.

Diagnosis, research and treatment cannot be our only concern, however. The inability of these affected veterans to secure gainful employment and the financial burden that has already been placed upon them are contributing to their plight. Again, while we realize that it is a bold move, we strongly urge Congress to allow a partial reopening of the military installations that have been scheduled for closure, specifically those installations equipped with hospital facilities and base housing. It is our sincere belief that equipping and modifying one of these hospitals to function as a facility for diagnosis and treatment of multiple chemical sensitivity, another for radiation exposure, etc., will reduce the cost of this program. Additionally, the housing units could be used to house the families of veterans who are involved in the program. This type of program would allow the family to exist as a unit and prevent the impending financial and emotional disasters that have already claimed many. If McDonalds can recognize the need to keep families together through the Ronald McDonald Houses, the government can surely do the same for those

who have protected this nation and served at our government's request. The question is should the men and women who defend our nation, allowing our freedoms to exist and flourish, be denied the best treatment available?

HORROR STORIES

For purposes of illustration, a few examples are in order. First we refer you to Mrs. Hester Adcock, whose son, a Desert Storm Reservist veteran, died of T. Cell Lymphoblastic Lymphoma last year. Her son was not treated by the VA, but by a civilian hospital. The cost of his treatment, financially, was over $300,000.00 and borne by his commercial insurance carrier. On his death bed, he begged his mother not to allow this issue to be forgotten or neglected. Nothing you or we can do will lessen Mrs. Adcock's loss or replace her son. Nothing we can do can lessen the pain and anger that she feels towards the abandonment of her son by all but her family. What we can do, however, is insure that no other mother of a veteran will be forced to endure the same abandonment. Mrs. Adcock is here today, we strongly urge the subcommittee to discuss this issue directly with her.

While you consider the death and treatment of Mrs. Adcock's son, keep in mind Karen May, of New York. Her husband is also a veteran of Desert Storm. His job was to transport ammunition for the Field Artillery of the 1st Cav. He was diagnosed after his discharge with Squamouscell Carcinoma of the Nasal Septum, Para Nasal Sinus and Nasal Cavity. His nose, upper jaw, the roof of his mouth and Clivas bone at the back of his face were removed. It is malignant. He has also been treated with radiation therapy and is now addicted to codeine. His family had sent a letter to the VA requesting an appointment in June. Finally, they walked into the VA in August and her husband was treated for allergies. Had it not been for the persistence of his wife, the VA would have refused further treatment. We will be more than happy to put you in contact with Mrs. May. Something must be done to alleviate the financial and emotional burden that this family has endured.

Nick Kresch also served in Desert Storm. His treatment was briefly described in this testimony. It is important to note that his treatment from the VA includes the taking of 40 to 60 milligrams of Methadone on a daily basis. On a recent admission to a VA facility in Washington, when he was finally admitted, the head of the physchiatric department, without looking for the reason of Mr. Kresch's prescription by the VA for methadone, stated, bluntly, "so, you're addicted to heroine!" Mr. Kresch and his wife are divorcing because of the terrible emotional and financial strain associated with his illness.

Frank Davis, a Navy E-5 who ran three miles a day before Desert Storm cannot run at all now. Severe stomach pains sent him on sick call. They suspected a blood disease, but could not identify it. Pains in the right side of his brain followed, then more in his bones and liver. The tests show nothing. "It's like being shot with a bullet made of ice," he says. "The wound is there, but there's no bullet." He fears the Navy will dump him and let the VA take responsibility.

Carol Picou was a nurse in Saudi Arabia. Urinary frequency and bowel trouble became uncontrollable, and she developed severe pains in her joints and muscles. Then came skin rashes, hair loss, short term memory failure, mood swings. She was sent to psychiatry. It was not psychosomatic. Tests showed at least three antibodies attacking her immune system, as well as damage to the left thalamus of her brain.

Jason Baker was a tanker exposed to depleted uranium and oil fire smoke. What the Army told him was flu lasted for a year. Then the baby his wife conceived after his return died at the age of five months, suffering extreme anemia and fluid on the brain plus a fever of 104.5 degrees. The death certificate lists no

cause and the Army fought releasing an autopsy which blames Sudden Infant Death Syndrome.

Active duty military personnel report, in anonymity, that their concerns are not being legitimately handled. Further, that the documentation that is so desperately needed to support future claims presented in the VA is not being appropriately assembled. So great is their fear of reprisal, that their wives are taking up their fight because their spouse is expected to suffer in silence in order to preserve their military career. Congress must take on the responsibility of protecting these active duty military personnel from reprisal and allow their voice to be heard with regard to illness that may be associated with Desert Storm service. Their families are being slowly destroyed by the agony of not knowing.

Finally, as a veteran of the Vietnam Era, a veteran activist and parent who has seen first hand the VA's method of operation and the failure of the government to act decisively to rectify, recognize, diagnose, treat and compensate illnesses associated with military service, what can you tell me that would convince me that my son should consider service in the military?

CONCLUSION

In conclusion, these items are not new to those of us who have real concern for veterans and active duty military personnel. It has been exemplified in the DoD and VA treatment of those who were involved in nuclear testing, testing of LSD and other drugs, Mustard Gas testing and exposure during WWII, Agent Orange exposure and now, the "Desert Storm Syndrome." While we are here again today on behalf of those who are sick and dying, history permits no optimism, only hope. It is apparently easier to give the Pentagon billions in unneeded funds than it is to put the same dollar amounts in research, diagnosis and treatment of our veterans population.

Mr. Chairman, this concludes our testimony.

[redacted] MEDICAL WORKSHEET

DO NOT INCLUDE THIS DOCUMENT IN A PATIENT'S MEDICAL RECORD

PERSIAN GULF VETERANS ALLEGED EXPOSURE TO ENVIRONMENTAL CONTAMINANTS TRACKING SHEE

Name:

SSN:

Did veteran have active service in Persian Gulf Area? _____yes _____no

Was veteran (circle): Definitely exposed

Probably exposed

Not sure?

Indicate how veteran was exposed (circle): Involved in clearing contaminated are. or equipment

Enveloped in smoke

In a smokey area, but not enveloped

Consumed food or drink that could hav been contaminated by oil or smoke

Other

Date first reported:

Patient Means Test: Discretionary or Non-Discretionary

Physician,

Please indicate if condition for which patient is being treated could be related to exposure to environmental contaminants.

Return this form to Supervisor, Admissions & Processing

VA FORM [redacted]

...Neuroscience February 11, 1993

Multiple Chemical Sensitivity (MCS) and the Persian Gulf Veterans

Claudia S. Miller, M.D., M.S.

Some veterans returning from the Persian Gulf display symptoms strikingly similar to those presented by patients reporting multiple chemical sensitivities (MCS). Like an allergy (although it does not seem to involve IgE antibodies), chemical sensitivity appears to involve two steps: 1) induction or sensitization and 2) triggering. Induction or sensitization may occur following a single, acute exposure or repeated, lower level exposures to any of a wide range of petrochemicals, for example, solvents, pesticides or combustion products (pp. 59-74)*. Once sensitization has occurred, extremely low levels of the sensitizing agent or other chemicals appear to trigger a wide range of symptoms such as memory difficulties, headaches, weakness, fatigue, and mood changes. Symptoms vary greatly from individual to individual but seem to be reproducible for a single individual given a particular exposure (pp. 74-84).

Symptoms reported by 79 Persian Gulf Veterans and 50 MCS patients in separate studies include the following:

Symptom	Gulf Veterans, %	MCS Patients, %
Fatigue	70.9	78.0
Sleep disturbance	57.0	(Insomnia) 44.0
Forgetfulness	54.4	74.0
Joint pain	54.4	72.0
Irritability	46.8	58.0
Difficulty concentrating	43.0	76.0
Depression	41.8	60.0
Headache	37.2	62.0
Rash	35.4	37.0
Cough	34.6	42.0
Abdominal pain	34.2	56.0
Diarrhea	32.1	44.0
Ringing or pain in ear	24.1	40.0
Fever	12.8	14.0

Other (moderate or severe) symptoms reported by at least half of the MCS patients were: loss of motivation, drive or interest; feeling groggy; dizziness or lightheadedness; muscle aches; slowed responses; problems digesting food; shortness of breath or being unable to get enough air; eye burning or irritation; feeling tense or nervous; difficulty making decisions; head fullness or pressure; feelings of unreality or spaciness; problems focusing eyes; food cravings; abdominal gas; problems with handwriting; and postnasal drainage.

*Page references refer to *Chemical Exposures: Low Levels and High Stakes* by Nicholas A. Ashford, Ph.D., J.D., and Claudia S. Miller, M.D., M.S., Van Nostrand Reinhold, New York, 1991.

Multiple Chemical Sensitivity (MCS) and the Persian Gulf Veterans

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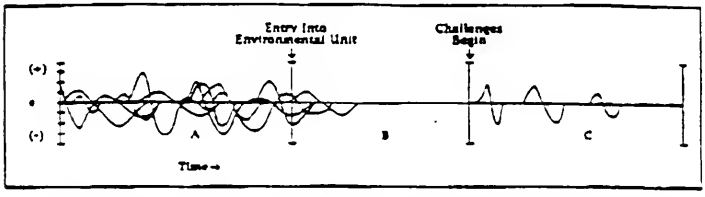
Graphical Representation of an Individual's Symptoms
Before and After Entering an Environmental Unit (p. 58)



In time Period A, an individual is responding to multiple exposures (chemicals and/or foods), with stimulatory and withdrawal effects that overlap in time. At any particular time, how the person feels is determined not only by ongoing exposures, but by previous exposures whose effects may still be waning.

In time period B, the individual enters an environmental medical unit. With cessation of contributory exposures, withdrawal effects occur, for example, headache, fatigue, and muscle aching. Symptoms continue for some time (typically 4-7 days) until the individual reaches "0" baseline.

In time period C, single challenges to suspected chemicals or foods are administered. Symptoms, often robust, develop soon after challenges, allowing patient and physician to observe the relationship between exposures and symptoms for that individual.

Selected References On Chemical Sensitivity

1. AOEC (Association of Occupational and Environmental Clinics: *Advancing the Understanding of Multiple Chemical Sensitivity*. **Journal of Toxicology and Industrial Health** 8(4):1-257, 1992.

2. Ashford NA and Miller CS: **Chemical Exposures: Low Levels and High Stakes.** New York, Van Nostrand Reinhold, 1991.

3. Cullen MR (ed.): *Workers with Multiple Chemical Sensitivities*. **Occupational Medicine: State of the Art Reviews**, 2(4):655-806. Philadelphia, Hanley & Belfus Inc., 1987.

4. Hileman B: *Multiple Chemical Sensitivity*. **Chemical and Engineering News**. American Chemical Society, Washington, D.C., July 22, 1991, 26-42.

5. NRC (National Research Council): *Multiple Chemical Sensitivities*. Addendum to **Biologic Markers in Immunotoxicology**. Washington, D.C., National Academy Press, 1992.

Chemical Sensitivity Alert Committee
P.O. Box 5624
Derwood, MD 20855
June 7, 1993

Subcommittee on Compensation, Pensions, and Insurance
Veterans Affairs Committee
Attn: Desert Storm Illness Hearings
U.S. House of Representatives
Washington, D.C.

R.E.: Testimony of the Chemical Sensitivity Alert Committee for the Desert Storm Illness Hearings.

Dear Representatives:

Enclosed you will find the following:

#1 Testimony of the Chemical Sensitivity Alert Committee (5 pgs).

#2 Attachment 1: Letter from Natalie Golos to General Norman Schwartzkopf, April 4, 1991 (2 pgs).

#3 Attachment 2: Response letter from Col. James D. Bales, Jr, MD to Natalie Golos, April 16, 1991 (1 pg).

#4 Attachment 3: Letter from Natalie Golos to LTC Robert F. DeFraites, et al, Walter Reed Army Institute of Research, August 15, 1992 (2 pgs).

#5 Attachments 4-11: Letters from chemically sensitive individuals written on behalf of the Desert Storm Veterans (8 at 1 page each).

#6 Statement of the Chemical Sensitivity Alert Committee (4 pgs).

Once again, the Chemical Sensitivity Alert Committee wishes to commend the Subcommittee on Compensation, Pensions, and Insurance of the Veterans Affairs committee for holding this hearing.

Respectfully yours,

Natalie Golos Lawrence A. Plumlee

Natalie Golos Lawrence A. Plumlee, M.D.
Co-chairpersons, Chemical Sensitivity Alert Committee

Stephen A McFadden

Stephen A McFadden, M.S.
Corresponding Secretary, Chemical Sensitivity Alert Committee

Chemical Sensitivity Alert Committee
P.O. Box 5624
Derwood, MD 20855
June 7, 1993

Subcommittee on Compensation, Pensions, and Insurance
Veterans Affairs Committee
Attn: Desert Storm Illness Hearings
U.S. House of Representatives
Washington, D.C.

TESTIMONY OF THE CHEMICAL SENSITIVITY ALERT COMMITTEE:

I. HISTORY OF THE CHEMICAL SENSITIVITY ALERT COMMITTEE:

A. FOUNDER TAKES EARLY LEAD REGARDING RISKS OF DESERT STORM EXPOSURES:

Author of 6 books, Natalie Golos has been writing for 25 years on environmental health issues. She knows personally many researchers and physicians who have developed tests and treatments for environmentally induced illness. Ms Golos has over 2,000 hours of continuing medical education credits, and has been on the faculty of seminars of eight different medical societies.

On April 4, 1991, Natalie Golos wrote General Norman Schwartzkopf warning of the impending danger of an epidemic of chemical sensitivities. She gave suggestions for preventive steps to protect the service personnel, and volunteered to provide further information to government physicians and scientists (See Attachment 1). She received a reply from an American doctor stationed in Saudi Arabia stating that air during the oil field fires met U.S. ambient air quality standards (See Attachment 2).

After the news broke of the so called mystery illness, Ms. Golos wrote to Walter Reed Hospital, explained the situation, and referred them to knowledgeable physicians who could clear up the mystery and help the vets. (Attachment 3). She received a phone call from Dr. St. Andre at the Pentagon and referred him to Dr. William Rea, a leading environmental health physician. After the two of them spoke, Dr. Rea sent the materials Dr. St. Andre had requested, but received no further response.

B. CHEMICAL SENSITIVITY ALERT COMMITTEE FORMED, ADVOCACY BEGUN ON BEHALF OF THE DESERT STORM VETERANS:

Ms. Golos then set about to form the Chemical Sensitivity Alert Committee to get grassroots support for assistance for these disabled veterans. The committee has worked closely with two of the groups supporting the Desert Storm veterans.

After unsuccessfully seeking assistance for the veterans from the Bush administration, the committee requested that the American

Academy of Environmental Medicine and other environmental health groups distribute petitionary letters on behalf of the veterans.

II. BROAD SPECTRUM OF GRASSROOTS PUBLIC SUPPORT FOR DESERT STORM VETERANS SEEN AMONG THOSE WITH CHEMICAL EXPOSURE INDUCED ILLNESS:

To date the committee has received hundreds of letters from individuals with chemical sensitivities telling of their illnesses, with symptoms similar those of to the veterans. The letters tell of the successful diagnosis and treatment of these patients. Some of these letters are included as part of this testimony (Attachments 4-11).

The letters received in response to the committee's call for support for the Desert Storm veterans were from a broad spectrum of chemically sensitive individuals, ranging from laborers to university professors.

Notable were responses from physicians, nurses, and other health professionals who had no relief from their chemically induced illness until their research led them to environmental medicine specialists.

III. NEED FOR THE VETERANS AFFAIRS COMMITTEE AND ITS SUBCOMMITTEE ON COMPENSATION , PENSIONS, AND INSURANCE TO HEAR TESTIMONY OF SCIENTISTS AND CLINICIANS REGARDING THE DIAGNOSIS AND TREATMENT OF CHEMICALLY INDUCED DISEASE, AND FROM THE DESERT STORM VETERANS, AND THEIR ADVOCATES, REGARDING ITS SUCCESS:

It is important for the Veterans Affairs Committee and the Subcommittee on Compensation, Pensions, and Insurance to hear the testimony from some of the scientists who have developed diagnostic tests in the field of environmental medicine that are capable of diagnosing chemically induced diseases the Desert Storm veterans may have.

It is important for the committee to hear the testimony of the environmental medicine specialists who have been treating Desert Storm veterans successfully in their clinical practices. Some of these physicians have reduced their customary fees significantly, and are essentially helping the Desert Storm veterans at cost.

It is also important to hear from the Desert Storm veterans themselves and/or their spouses regarding the efficacy and success of such treatment.

But what about the tens of thousands of Desert Storm veterans who may be at risk and don't know it? They are just as important. Who is speaking for them? That is why the Chemical Sensitivity Alert Committee needs to be heard.

IV. THE NEED FOR EDUCATION ON THE RISKS AND TREATMENT OF CHEMICALLY INDUCED DISEASE AS PART OF ADDRESSING THE DESERT STORM ILLNESSES:

A. SYMPTOMS Of CHEMICALLY INDUCED DISEASE MAY BE SUBTLE, AND EFFECTS LATENT, SEEN YEARS LATER:

Over the past twenty-five years, we have learned vital lessons from people who have been exposed to conditions similar to those encountered in Desert Storm. When the problem is caught before disabling symptoms develop, or at least in the early stages, the harrowing experience of the Desert Storm victims can be avoided or at least minimized. Unfortunately, in many cases, minor symptoms begin to occur long after the exposure, so that no connection to the cause is recognized. As a result of either a single, large exposure, or of an ongoing accumulation of small toxic exposures (often regarded as safe), multiple symptoms may begin to occur.

B. EDUCATION OF THE PUBLIC, AND PRIVATE PHYSICIANS, IS A NECESSARY PART OF RECOGNIZING AND DIAGNOSING THIS ILLNESS:

Due to the lack of general public understanding of the effects of chemically induced illness, a large fraction of individuals who develop such illness are not be able to identify the cause of their condition. They are simply sick, and don't know why. This may include discharged veterans.

The complaints of these individuals do not fit into the usual classifications of "disease". Consequently, most physicians are unable to identify and treat these conditions. As a result, many of these individuals travel from doctor to doctor seeking diagnosis for their condition, with the result that many of them are labeled as hypocondriacal "cranks". Worse, often these individuals receive incorrect diagnoses, and inappropriate treatment, which may even be harmful.

Thus, the first step in ameliorating this problem is public recognition and education that there exists a problem, and that treatment may be available.

C. INJURED ACTIVE DUTY SERVICEMEN MUST BE IDENTIFIED AND TREATED WITHOUT RISK TO THEIR MILITARY CAREERS:

Those servicemen who suffer from less severe effects of chemically induced illnesses may feel compelled, in a downsizing military, to "cover" that fact, and to "pass" as "normal", so as not to adversely affect their careers during force reduction. This implies that they cannot seek treatment within the services, yet they cannot afford financially to seek treatment outside the services. Thus, by being forced to "pass", it is guaranteed that these servicemen will not receive treatment.

Further, these servicemen may be in personal denial that their

health has suffered, whether or not this decline is attributed to chemical exposures associated with their military service.

Untreated, the secondary effects of chemically induced illness may worsen over time, particularly with ongoing (e.g. occupational) chemical exposure. Some of these effects, such as immune damage, are subtle. Ultimately, such symptoms may become disabling.

In short, to resolve this situation, there must be an institutional decision that servicemen with chemically induced illness will be identified and treated, without adverse reflection upon the careers of the individuals involved.

D. EDUCATION OF PHYSICIANS REQUIRED REGARDING THE DIAGNOSIS AND TREATMENT OF THESE CONDITIONS:

There must be education within the military services, the VA, and the private physicians who see these individuals, not only that there exists a problem, but also of the methods that can be used to diagnose this problem, and the treatments that exist.

This would include understanding and interpreting those medical tests useful in the diagnosis of such conditions. It would include knowlege of the treatments that are available to reduce the body burden of absorbed chemicals, for instance, sauna therapy to reduce hydrocarbons absorbed from direct petroleum (e.g. diesel) overexposure, or chelation therapy to reduce lead exposure from leaded gasoline burned inside tents.

E. EDUCATION OF SERIOUSLY DISABLED VETERANS REQUIRED AS PART OF TREATMENT:

Education is an integral part of the treatment for the seriously ill patient with chemically induced illness.

This includes education regarding the changes that may be necessary in more extreme cases, for instance, avoidance of isocyanates for those who have developed antibodies to these compounds, or have sensitized to them (e.g. after overexposure during painting), and avoidance of gasoline fumes and other petroleum distillates, for those who have had overexposure to petroleum compounds (e.g. diesel).

This may also include, in some cases, career counseling, in order to advise these seriously disabled veterans on what future careers may be most appropriate within the constraints of their health, so as to avoid further injury. Thus, the isocyanate sensitive individual should not be employed anywhere near paint fumes, the petroleum distillate sensitive individual should not be employed around solvents, such as in a machine or auto shop, and the lead exposed individual evidencing neurological damage should not work around neurotoxins.

F. EDUCATION FOR PREVENTION OF CHEMICALLY INDUCED DISEASE:

Everyone who has served in Desert Storm should be provided with education regarding the potential for chemically induced disease resulting from their tour of duty. Otherwise, veterans with mild or no symptoms may eventually develop a disabling condition.

V. CONCLUSION:

In conclusion, the Chemical Sensitivity Alert Committe has taken an early lead regarding the health problems of the Desert Storm veterans, and has sought public support on their behalf. The committee emphasizes the need for the Veterans Affairs committee and its Subcommittee on Compensation, Pensions, and Insurance to hear from scientists studying, and clinicians offering diagnosis and treatment, of chemically induced disease, and from Desert Storm veterans who have had successful response to such treatment, and their advocates. The committee emphasizes that the effects of chemically induced illness can be subtle and latent. The committee offers insight into the need for the education of both physicians and patients, in order to ameliorate the chemically induced health problems of the Desert Storm veterans.

The Chemical Sensitivity Alert Committee wishes to commend the Subcommittee on Compensation, Pensions, and Insurance of the Veterans Affairs committee for holding this hearing. The longer the delay in the proper diagnosis of chemically induced disease, the greater the chance that much more serious health problems will result.

Respectfully yours,

Natalie Golos Lawrence A. Plumlee

Natalie Golos Lawrence A. Plumlee, M.D.
Co-chairpersons, Chemical Sensitivity Alert Committee

Stephen A. McFadden

Stephen A McFadden, M.S.
Corresponding Secretary, Chemical Sensitivity Alert Committee

Attachment 1

P.O. Box 5624
Derwood, MD 20855
(301) 948-1116
April 4, 1991

General H. Norman Schwarzkopf
U.S. Central Command
APO New York 09852

Dear General Schwarzkopf:

Nothing about the war in the Gulf impressed me as much as the statement you made to David Frost that you grieve for every one of the servicemen who gave their lives. The feeling with which you said this made the sincerity of your statement ring true. I am writing to you because, much as I grieve for those who have fallen in battle, I grieve more for those who are overseas inhaling the smoke and pollution from the burning oil wells. Because of my personal experience of several years of disability as a result of pollution, I have some idea of the problems they will face from exposure to these toxins.

Over the years I have learned of hundreds of thousands of persons like myself who have become disabled in varying degrees as a result of exposure to pollution similar to that which our servicemen now face. I have written six books about environmental illnesses and have been a consultant to hospitals and physicians in many countries.

More than ten years ago, when consulted by a department head at EPA about some of the staff who were becoming ill, I predicted that if there were no changes to improve the air quality there would be an epidemic of sick people in the EPA headquarters at the Waterside Mall. Unfortunately, my warning went unheeded and so many people are now sick and unable to work in that building, a situation which has had extensive media coverage. A similar situation occurred when I learned about the Vietnam soldiers who were only able to eat exotic foods like wild game. My doctor and I realized that they were having difficulty with their food because their immune system had been damaged by toxins. Although we contacted Walter Reed Hospital, here again no one paid attention and many of these Vietnam veterans are now very sick.

Taking care of the problem our servicemen face will be costly. However, if this problem is neglected it will be much more costly to the health of our servicemen and eventually to our government which will have to take care of disabled veterans. I would like to recommend that two things be done immediately. First, use the physicians, scientists and others like myself to tell from the medical records which servicemen should be removed immediately from the areas of high pollution. These will be persons with any kind of allergy or immune system irregularities. Second, those who must remain should do so on a rotational basis. They should spend no more than three weeks stationed in this polluted environment, followed by a period of time in a pure environment or detox center.

A further step would be to have doctors skilled in clinical ecology consult with the physicians stationed over there to assist them in dealing with these problems and avoiding pitfalls. These doctors could also consult with physicians at Walter Reed and veterans hospitals on ways of taking care of these people before they are beyond help.

I would consider it a privilege to be able to serve my country by leading you to doctors and scientists who can give you the necessary scientific data to help you cope with this problem before it becomes a disaster. You can write to me or, because time is so important, you can call me at 301-948-1116.

Yours sincerely,

Natalie Golos

Natalie Golos

cc: President George Bush
Senator George Mitchell
Congressman Thomas Foley

Attachment 2

UNITED STATES CENTRAL COMMAND
RIYADH, SAUDI ARABIA
APO NEW YORK 09852-0006

CCSG

April 16, 1991

Ms Natalie Golos
P.O. Box 5624
Derwood, MD 20855

Dear Ms Golos:

I have been asked to respond to your letter of 4 April 1991 on behalf of General Schwarzkopf. Thank you for your concern about the health of our soldiers and be assured that we share your concern about the health effects of the Kuwait Oil Fires just as we are concerned about any threat to the well-being of those stationed here.

The specific health risks of this unprecedented environmental disaster are being evaluated through an international effort. By the time this letter reaches you these very questions will be under consideration by the World Meteorological Organization in Geneva. We are happy to report that tests conducted to date by the United States Army, the Saudi Arabian Meteorological Environmental Protection Administration, the Kuwait Environmental Protection Department, and a U.S. Air Assessment Team have shown certain toxic gases (hydrogen sulfide, sulfur dioxide, nitric oxides) to be within the U.S. Ambient Air Standard. This is not to say there is no risk, just that there is a modicum of good news in an otherwise disastrous situation. The U.S. Air Assessment Team is composed of representatives from the Environmental Protection Agency, the Centers for Disease Control, and the National Oceanic and Atmospheric Administration and they are continuing their assessment.

The best course of action would be to extinguish the fires. However, the scope of this disaster precludes the rapid accomplishment of this goal. The next best action would be to get our people out of the area. This is being done as rapidly as possible. In addition to these "best actions" a continuous evaluation of the air, land, and sea pollution is being accomplished on an international basis. We are doing everything possible to protect, evaluate, and treat our soldiers. Thanks again for your interest and concern.

Sincerely;

James D. Bales, Jr., M.D.
COL MC USA

Attachment 3

P.O. Box 5624
Derwood, MD 20855
August 15, 1992
(301) 948-1116

LTC Robert F. DeFraites MC et al
Epidemiology Consultant Service (EPICON)
Division of Preventive Medicine
Walter Reed Army Institute of Research
Washington, D.C. 20307-5100

RE; AUGUST 8, 1992 CHICAGO TRIBUNE ARTICLE HEADLINED "MYSTERY ILLS HAUNT SOME GULF VETS. PENTAGON VA DOCTORS STYMIED BY CAUSE OF AILMENT."

Dear Committee:

The doctors may be stymied by these "mystery ills," but there are those of us who are not stymied and do not consider them a mystery. Over the past 26 years, I have personally suffered from and have met and personally heard from thousands of patients experiencing symptoms similar to those reported suffered by Desert Storm veterans.

In my April 4, 1991 letter to General Norman Schwarzkopf (copy enclosed), I tried to warn him of this pending health problem.

In the April 16, 1991 letter of response (copy enclosed), Dr. James D. Bales, Jr. stated that various tests have shown "certain toxic gases . . . to be within the U.S. Ambient Air Standard." Apparently the U.S. Ambient Air Standard leaves much to be desired in view of this outbreak.

REASON SYMPTOMS DON'T MATCH TEXTBOOK DIAGNOSIS

Frequently foreign substances, in this case toxins encountered in Desert Storm, enter the blood stream by ingestion (drinking of oil-contaminated water), by inhalation (the smoke of burning oil), and/or by absorption (the skin's contact with oil). The blood can carry the toxins to several different organs of the body; this causes mimicking of diseases of multiple organs and/or body systems.

AVAILABLE DIAGNOSIS

Physicians board certified in Environmental Medicine (EM), have been successfully using tests (blood, inhalation, and/or injection) to determine cause and effect of multiple toxins.

SUCCESSFULLY TREATED CASES

In my latest book, my co-author and I cite two of thousands of cases of patients suffering from the same type of complaint experienced by the Desert Storm veterans: that of a tugboat captain suffering from petroleum poisoning acquired in the Exxon Valdez cleanup and of a fireman injured by smoke inhalation.

THEIR TREATMENT

Physicians board certified in EM used a heat chamber chemical depuration program. This detoxification process consists of: a low-heat sauna treatment; the use of oxygen when necessary; nutritional supplementation; training to minimize chemical exposure in the environment, food, and water; and intravenous therapy to enhance the breakdown and removal of chemicals from the blood and fatty tissues.

SUGGESTIONS TO ARMY PHYSICIANS

Rather than reinventing the wheel, I would suggest that before you spend money investigating the problem you consult the EM board-certified specialists who are directors of detoxification centers and have been working with this problem for years:

In Dallas, TX, William Rea, M.D., Board Certified in Surgery, Thoracic Surgery, and Environmental Medicine; past President of the American Academy of Environmental Medicine; and the first World Professor of EM at the Robens Institute of Toxicology, University of Surrey, Guildford, England.

In N. Charleston, SC, Allan Lieberman, M.D., Board Certified in Pediatrics and Environmental Medicine; the current President of the American Board of Environmental Medicine, the medical organization that oversees the training, testing, and certification in EM.

PREVENTION OF A POTENTIAL TIME BOMB

The treachery of this illness involves what EM specialists refer to as "overload" resulting from the accumulation of physical stress (toxic chemicals, etc.) and emotional stress. The time it takes for the onset of this illness depends on many things, including:

> General condition, previous exposure, emotional stress levels when exposed to toxins, genetic factors, condition of the body's immune system.

Steps therefore need to be taken to avoid more victims.

MY PERSONAL EXPERIENCE

Before there were many doctors knowledgeable in the field of EM, I developed my own program to recover from this frightening, life-threatening illness so that I could return to a productive life. I would consider it a privilege to share my knowledge in preparing a training program.

Sincerely,

Natalie Golos

CC: President Bush
Governor Clinton
Senator Nunn
Senator Gore
American Legion
Support Groups of Desert Storm Veterans

ENC: Letter to Gen. Schwarzkopf
Response to Letter
Letter describing successful treatment

Address 3930 N. Pine Grove #1401
Chicago, IL. 60613

Date January 8, 1992

The President and Congress
c/o Chemical Sensitivity Alert Committee
New Hope Foundation
11141 Georgia Avenue, Suite 326
Wheaton, Maryland 20902

Dear President and Congress:

I wish to commend your volunteer committee for your effort to help the suffering Desert Storm Veterans. The publicized list of their symptoms included loss of hair, chronic fatigue, body aches, nausea, skin rashes, respiratory problems, flu-like illness and many others.

I do not know why their complaints are considered "mystery ills". Whatever else the Desert Storm Veterans may have, their exposure histories and symptoms suggest they are suffering from chemical sensitivity. Why delay treatment? The longer the delay, the greater the chance of permanent injury to the body's biologic systems.

To be able to begin treatment immediately, I hope the government will consult with environmental medicine physicians who have been successfully treating this problem for years.

Please use my letter whenever it can help promote the availability of environmental medicine.

Signature Jamie B. Hirschfeld

I had chronic fatigue syndrome and went to 5 different doctors who did not know what I had it, let alone what it was. One person (Doctor) diagnosed me as having Mononucleosis, and prescribed antibiotics. That exasperated my symptoms. Finally found a physician well verse in environmental medicine, and he cured me within 6 months (instead of several years). Thankyou for your help. -Love. Jamie

Address ~~Joanne Brekka~~
404 N.W. 134 Avenue
Plantation Fl 33325

Date December 10, 1992

The President and Congress
c/o Chemical Sensitivity Alert Committee
New Hope Foundation
11141 Georgia Avenue, Suite 326
Wheaton, Maryland 20902

Dear President and Congress:

I wish to commend your volunteer committee for your effort to help the suffering Desert Storm Veterans. The publicized list of their symptoms included loss of hair, chronic fatigue, body aches, nausea, skin rashes, respiratory problems, flu-like illness and many others.

I do not know why their complaints are considered "mystery ills". Whatever else the Desert Storm Veterans may have, their exposure histories and symptoms suggest they are suffering from chemical sensitivity. Why delay treatment? The longer the delay, the greater the chance of permanent injury to the body's biologic systems.

To be able to begin treatment immediately, I hope the government will consult with environmental medicine physicians who have been successfully treating this problem for years.

Please use my letter whenever it can help promote the availability of environmental medicine.

Signature Joanne Brekka

Thank God and thank the persons responsible for getting this letter together. I have multiple Chemical Sentivities. Also called Environmental Illness. Please get these veterans to a Environmental physician, also called clinical ecologist. So they don't have to suffer for eight years like I did trying to find a physician that could diagnose my illness. These veterans are not ill because of "post-traumatic war? They were exposed to toxic chemicals. Such as taking a shower with water containing gasoline. I have, had, the same symptoms they have. Also headaches, abdominal pain, blurred and decreased vision, loss of memory, inability to concentrate, depression, uncontrollable crying, aching gums and teeth, and more symptoms.

in my opinion and experience

Address Phyllis Lightfoot
5638 Wellesley Park Drive
Apt. No. 202
Boca Raton, FL 33433

Date 1/25/93

The President and Congress
c/o Chemical Sensitivity Alert Committee
New Hope Foundation
11141 Georgia Avenue, Suite 326
Wheaton, Maryland 20902

Dear President and Congress:

I wish to commend your volunteer committee for your effort to help the suffering Desert Storm Veterans. The publicized list of their symptoms included loss of hair, chronic fatigue, body aches, nausea, skin rashes, respiratory problems, flu-like illness and many others.

I do not know why their complaints are considered "mystery ills". Whatever else the Desert Storm Veterans may have, their exposure histories and symptoms suggest they are suffering from chemical sensitivity. Why delay treatment? The longer the delay, the greater the chance of permanent injury to the body's biologic systems.

To be able to begin treatment immediately, I hope the government will consult with environmental medicine physicians who have been successfully treating this problem for years.

Please use my letter whenever it can help promote the availability of environmental medicine.

Signature Phyllis Lightfoot

I have all these symptoms & more & have also been diagnosis with Chemical Sensitivities due to a toxic new tight energy saving Office building which almost killed me.

The government & all of society must listen & do something about all the chemicals produced in the U.S. that are toxic & killing citizens.

Please help us!

W. ALFRED MUKATIS, PhD, JD
PROFESSOR OF BUSINESS AND ENVIRONMENTAL LAW
COLLEGE OF BUSINESS
BEXELL HALL 200B
OREGON STATE UNIVERSITY
Corvallis, Oregon 97331-2603
(503) 737-3323
INTERNET: MUKATIS@BUS.ORST.EDU

February 21, 1993

President Clinton and the Congress
c/o Chemical Sensitivity Alert Committee
New Hope Foundation
11141 Georgia Avenue Suite 326
Wheaton, Maryland 20902

Dear President Clinton and Members of Congress:

I wish to commend your volunteer committee for their effors to help those Desert Storm veterans who are suffering from a plethora of symptoms including hair loss, chronic fatigue, body aches, nausea, skin rashed, respiratory problems, flu-like illnesses.

I strongly suggest that one cause of many of these symptoms may be chemical sensitivity (aka environmental illness). In order to determine whether developed chemical sensitivity is the primary or even a contributing factor, environmental medicine physicians (aka clinical ecologists) should be consulted. Many times if treatment for chemical sensitivity is begun early enough, the situation can be reversed. The longer the symptoms are allowed to continue the higher the probability that the body will be permanently injured and the condition will become chronic for the rest of the individual's life.

Please feel freel to use my letter whenever it can help promote the availability of environmental medicine.

Sincerely,

W. Alfred Mukatis

W. Alfred Mukatis,
Associate Professor of Business
and Environmental Law

Address 86 2 Wood Ln #3
Bridgeport CT 06604
Date 3.7.93

The President and Congress
c/o Chemical Sensitivity Alert Committee
New Hope Foundation
11141 Georgia Avenue, Suite 326
Wheaton, Maryland 20902

Dear President and Congress:

I wish to commend your volunteer committee for your effort to help the suffering Desert Storm Veterans. The publicized list of their symptoms included loss of hair, chronic fatigue, body aches, nausea, skin rashes, respiratory problems, flu-like illness and many others.

I do not know why their complaints are considered "mystery ills". Whatever else the Desert Storm Veterans may have, their exposure histories and symptoms suggest they are suffering from chemical sensitivity. Why delay treatment? The longer the delay, the greater the chance of permanent injury to the body's biologic systems.

To be able to begin treatment immediately, I hope the government will consult with environmental medicine physicians who have been successfully treating this problem for years.

Please use my letter whenever it can help promote the availability of environmental medicine.

Signature Cindy Jo

PS. I am a PhD chemist, injured by similar chemicals as the Veterans, had (and have) similar symptoms like tiredness, headache muscle pain, breathing problems, blurred vision, memory and concentration loss, dizziness etc. Our condition and the Veteran's should be dealt together, because the cause of the illness: low level and dangerous chemical exposure

[illegible]
Address [illegible] Highland [illegible]
Lombard IL 60148
Date 3/23/93

The President and Congress
c/o Chemical Sensitivity Alert Committee
New Hope Foundation
11141 Georgia Avenue, Suite 326
Wheaton, Maryland 20902

Dear President and Congress:

I wish to commend your volunteer committee for your effort to help the suffering Desert Storm Veterans. The publicized list of their symptoms included loss of hair, chronic fatigue, body aches, nausea, skin rashes, respiratory problems, flu-like illness and many others.

I do not know why their complaints are considered "mystery ills". Whatever else the Desert Storm Veterans may have, their exposure histories and symptoms suggest they are suffering from chemical sensitivity. Why delay treatment? The longer the delay, the greater the chance of permanent injury to the body's biologic systems.

To be able to begin treatment immediately, I hope the government will consult with environmental medicine physicians who have been successfully treating this problem for years.

Please use my letter whenever it can help promote the availability of environmental medicine.

Signature [illegible]

Dear President Clinton:
[illegible] been to over 20 M.D.'s [illegible] isn't it time to [illegible] I believe so. [illegible] Desert Storm Vets [illegible] citizens [illegible] AMA M.D.'s [illegible] Thank you.

Address P. Davey
1677 Stadium Rd
Ann Arbor, MI 48103

Date 1-22-93

The President and Congress
c/o Chemical Sensitivity Alert Committee
New Hope Foundation
11141 Georgia Avenue, Suite 326
Wheaton, Maryland 20902

Dear President and Congress:

I wish to commend your volunteer committee for your effort to help the suffering Desert Storm Veterans. The publicized list of their symptoms included loss of hair, chronic fatigue, body aches, nausea, skin rashes, respiratory problems, flu-like illness and many others.

I do not know why their complaints are considered "mystery ills". Whatever else the Desert Storm Veterans may have, their exposure histories and symptoms suggest they are suffering from chemical sensitivity. Why delay treatment? The longer the delay, the greater the chance of permanent injury to the body's biologic systems.

To be able to begin treatment immediately, I hope the government will consult with environmental medicine physicians who have been successfully treating this problem for years.

Please use my letter whenever it can help promote the availability of environmental medicine.

Signature Paula Davey

Dear Mr. President + Congress,
as a personal note I consulted numerous physicians before finding an environmental medical physician who found utility gas fumes caused my arthritis, myalgia, marked fatigue, and gastrointestinal distress). Please help the Desert Storm Veterans by consulting environmental medicine physicians who understand + treat these conditions so successfully.
Thank you for helping. Sincerely, Paula Davey.

It is imperative that the new Congress;

(1) fund research into the effects of everyday chemicals on health

(2) fund universal health care for all Americans, with coverage for treatment by environmental physicians.

Address 169 Bayshore Drive
San Rafael CA 94903

Date January 5, 1993

The President and Congress
c/o Chemical Sensitivity Alert Committee
New Hope Foundation
11141 Georgia Avenue, Suite 326
Wheaton, Maryland 20902

Dear President and Congress:

I wish to commend your volunteer committee for your effort to help the suffering Desert Storm Veterans. The publicized list of their symptoms included loss of hair, chronic fatigue, body aches, nausea, skin rashes, respiratory problems, flu-like illness and many others.

I do not know why their complaints are considered "mystery ills". Whatever else the Desert Storm Veterans may have, their exposure histories and symptoms suggest they are suffering from chemical sensitivity. Why delay treatment? The longer the delay, the greater the chance of permanent injury to the body's biologic systems.

To be able to begin treatment immediately, I hope the government will consult with environmental medicine physicians who have been successfully treating this problem for years.

Please use my letter whenever it can help promote the availability of environmental medicine.

Signature Susan Hardman

I have experienced severe symptoms similar to those listed above — aching, profound exhaustion, skin rash, gastrointestinal swelling and distress, malabsorption, and cognitive dysfunction resulting in loss of ability to work — for over 15 years. I was once tested at an I.Q. of over 150; at the peak of my illness I couldn't remember things more than a few minutes previous. I suffered from extensive gastrointestinal infections — uncontrollable by drugs — because of profound immune deficiency. I now have a team of five doctors, specialists in environmental medicine. But I had to diagnose myself, and then wait for 10 years to find doctors who could help me, & the financial resources to pay them.

Chemical Sensitivity Alert Committee
P.O. Box 5624
Derwood, MD 20855
June 7, 1993

Subcommittee on Compensation, Pensions, and Insurance
Veterans Affairs Committee
Attn: Desert Storm Illness Hearings
U.S. House of Representatives
Washington, D.C.

Dear Representatives:

STATEMENT BY THE CHEMICAL SENSITIVITY ALERT COMMITTEE:

The Chemical Sensitivity Alert Committee wishes to thank the Subcommittee on Compensation, Pensions, and Insurance of the Veterans Affairs Committee for the opportunity to present testimony, in addition to this statement, to the committee on behalf of the disabled Desert Storm veterans. Although we would prefer to testify in person, we are submitting testimony in writing at the request of the committee staff.

The Chemical Sensitivity Alert Committee includes as co-chairpersons: Natalie Golos: teacher, author, and long-time educator on environmental health issues; and Lawrence Plumlee, M.D.: Johns Hopkins' Medical School graduate and former faculty member, former EPA medical science advisor, and currently active on environmental health issues. Corresponding secretary is Stephen A. McFadden, M.S. Computer Science, Westinghouse Science Talent Search Finalist, and activist on toxicology-related issues.

I. DESERT STORM VETERANS FACE SERIOUS CHEMICALLY INDUCED MEDICAL PROBLEMS:

A. DISABILITIES OF THE DESERT STORM VETERANS HAVE BEEN MISLABELED:

Over the past year, we have heard numerous complaints of persistent illness from several groups of Desert Storm veterans.

Hundreds to thousands of Desert Storm veterans have had persistent medical conditions as a result of their service in the Gulf War. These medical conditions are being given labels which merely describe the individuals' symptoms, while the military services systematically avoid acknowledging the major cause: environmental chemical exposure.

B. DESERT STORM VETERANS HAVE HAD NUMEROUS SERVICE RELATED CHEMICAL EXPOSURES:

These veterans have had numerous chemical exposures. Diesel

in the shower water, on the roads, and on tent floors. Diesel cut with Saudi leaded gasoline burned in stoves inside tents closed tight at night due to "light security". Crude oil in the desalination units, with the volatiles distilling out with the water. Isocyanates in the paint being sprayed on the tanks by the troops. Carbon monoxide in the shipholds, produced by the engines while unloading the vehicles. Smoke and fumes from oil well fires. Pesticides used to kill insects. Pyridostigmine in the prophylactic "nerve pill", and newly developed vaccines. Further, due to the primitive conditions experienced and constraints of war (e.g. lack of water for showers), there was limited opportunity for bathing following such exposures.

C. PRIVATE SECTOR HAS HAD PRIOR EXPERIENCE WITH CHEMICALLY INDUCED ILLNESSES:

We, in the private sector, have had some experience with such illnesses induced by environmental chemical exposures. Natalie Golos has been writing on this subject for 2 decades. In addition, we hear increasingly of industrial toxicological disasters, for which the linkage of illness to an environmental chemical exposure is obvious. We have read the testimony of hearings held by Sen. Harry Ried, on the hundreds of disabilities in the aerospace industry, due to composite materials used on the Stealth Fighter project and on commercial aircraft production lines. We know many individuals involved in the "EPA Headquarters Carpet Case", who have permanently sensitized to carpet, but with accomodation, have been able to remain employed and productive. Due to the shortcomings of current U.S. toxicology policy, about one such major incident develops each year in the private sector.

We are familiar with the sorts of chemical exposures that are capable of producing such illnesses, and understand the need for prompt treatment. Treatment within months to years can have very positive results. Failure to provide for treatment in a timely manner, particularly if coupled with ongoing low-level exposure, may result in a worsening condition, and chronic, if not lifelong, illness.

II. SOCIETAL AND INSTITUTIONAL RISKS OF FAILURE TO ADDRESS MEDICAL NEEDS OF DESERT STORMERS:

A. SOCIAL INJUSTICE AND SOCIETAL RISKS OF FAILURE TO PROPERLY DIAGNOSE AND TREAT DESERT STORM VETERANS WITH CHEMICAL EXPOSURE INDUCED ILLNESS:

The U.S. government may face another "Agent Orange" type situation here. If treatment is provided within a few years, the consequent long term health effects may be limited, as will the secondary impact upon families, careers, private health insurance, and social services. These latter effects may result in "secondary victimization": In American society today, an individual with a chronic medical condition often faces uninsurability in the private

sector, and the uninsurable chronically ill often face consequent unhirability, if not unemployability, resulting in "medical indigency" and the creation of a "medical underclass".

Some of the Desert Storm veterans with chemically induced medical conditions have been able to afford to obtain medical treatment from private physicians, notwithstanding a lack of government support, and despite the financial limitations consequent to their military employment. Many of the physicians treating these veterans have reduced their customary fees in order to assist them, despite the fact that these veterans are legally entitled to receive free medical care for such service-related conditions from the armed services and the VA.

Of those veterans who have been able to obtain diagnosis and treatment for chemically induced conditions, many have reported positive results.

B. INSTITUTIONAL RISKS OF FAILURE TO PROPERLY DIAGNOSE AND TREAT DESERT STORM VETERANS WITH CHEMICALLY INDUCED ILLNESS:

We feel compelled to point out the institutional risks to the U.S. military of the failure to adequately address the needs of veterans with chemically induced illnesses.

We have heard the story of how General Norman Schwartzkopf repeatedly told the architects of Operation Desert Storm not to build him a meatgrinder. This went far to convey to the public a sense of responsibility that the top brass held for the troops, in contrast to the public perception held over from the Viet Nam conlict.

Yet we see a failure by the military to address the needs of the chemically poisoned veterans.

We all know the story of "Agent Orange", which demonstrates how inadequate the present scientific tools are for retrospective epidemiologic investigation of chemically induced illness, and the limitations of treatment offered decades after the exposure. Some of us have also heard of the 160+ disabled civilian Stealth Fighter plant workers. We know the U.S. Air Force "line", that the Air Force has never seen a case of Multiple Chemical Sensitivities that could not be otherwise explained. We also know that this position is invalid, having seen numerous other such industrial toxicological disasters in the civilian sector in the past. Now we see the problems of the Desert Storm veterans, and are watching to see the response of the U.S. government.

If the U.S. military and VA walk away from their institutional responsibility to its servicemen, how, then, can anyone possibly advocate support for future military service? If the U.S. military does not take care of its own, then who will? Must these veterans be cast out upon society as indigents--medical indigents, uninsurable, unhirable, unemployable, and destitute, to seek care

and treatment wherever they may find it, or to simply wonder what happened to destroy their health coincident with their military service, with the effect that these medical costs are externalized upon society as a whole? Will this not result in instant "redlining" in insurance underwriting, and other discriminations and secondary victimizations held against these veterans, legitimately raised against them by those in the private sector unwilling to disproportionately bear this social cost? Can not the image of the institution only suffer, as another generation of individuals grow up learning firsthand of chemically damaged veterans denied benefits? Will this not have a direct impact upon future recruitment? We ask the committee to consider the risks of these consequences to the institution of U.S. military service.

III. COMMENDATION FOR ACCESS TO COMMITTEE FORUM:

We wish to commend the Subcommittee on Compensation, Pensions, and Insurance of the Veterans Affairs committee for its timely attention to this important subject, and the holding of public hearings on it. The longer the delay that these veterans face in the proper diagnosis and treatment of their chemical exposure induced illness, the greater the resulting harm, the worse the prognosis for recovery, and the greater the consequent social problems that result.

Respectfully yours,

Natalie Golos — Lawrence A. Plumlee

Natalie Golos — Lawrence A. Plumlee, M.D.
Co-chairpersons, Chemical Sensitivity Alert Committee

Stephen A McFadden, M.S.
Corresponding Secretary, Chemical Sensitivity Alert Committee

STATEMENT OF ROBERT G. LARRISEY
TO THE SUBCOMMITTEE ON COMPENSATION, PENSION AND INSURANCE
COMMITTEE ON VETERANS AFFAIRS
U.S. HOUSE OF REPRESENTATIVES
JUNE 8, 1993

Mister Chairman and Members of the Subcommittee:

My name is Robert G. Larrisey and I am a resident of Chalfont, Pennsylvania. I am also a Persian Gulf veteran, and have encountered many problems trying to get service connection for medical and psychological problems I have incurred as a result of service to my country. I request that this statement be included in the official records of this hearing.

As a member of the Air Force Reserve, I was called to active duty on December 27, 1990 and was deactivated on June 20, 1991. During my active service I was deployed to the Sultanate of Oman, which is on the eastern end of the Arabian peninsula, from January 6 through April 25, 1991.

Upon my return to the U.S., I began to experience recurring skin problems (skin irritations with oozing sores), high blood pressure, and extreme psychological distress which I believe are directly related to my service in the Persian Gulf. In addition to the physical and psychological problems I have suffered, I have been subjected to extremely rude, cynical, and unprofessional behavior on the part of Department of Veterans Affairs (VA) personnel when I sought to document my symptoms and file a claim for service connection.

My last experience with the VA was in May of 1993, when Mr. Dave Allen visited the 913th Air Reserve Facility in Willow Grove, PA. Mr. Allen is a VA representative at the Pittsburgh VA Medical Center. At that time he left some forms relating to the VA's Persian Gulf War Registry for the members of my unit to fill out and return to VA for evaluation. I filled out these papers, listing all my problems, and returned them to Pittsburgh, in care of Mr. Allen.

Two weeks later Mr. Allen telephoned me. He told me that he had been to Willow Grove to tell us about the Gulf War Registry, and that there was nothing that he could do for me. I was further told that I should go to my Senators and Congressman and complain about my problems. I should also point out that when Mr. Allen was at Willow Grove originally, he did not meet with anyone who had served in the Gulf. Further, Mr. Allen asked me not to come, when he comes back again.

This situation all began in June 1991, when I filed a claim for service connection with VA. In October of that year I was informed that my claim had been denied because of lack of evidence. In December 1992, I went to the Philadelphia VA Medical Center to have my condition documented for the Gulf War Registry. My wife and I waited in the emergency room for 4 1/2 hours before finally I was seen by a doctor.

During that time we saw many VA personnel just sitting, doing no work whatsoever. The attitude of most of the personnel was very rude and impersonal. When we were asked why we were there, we told them that some friends in Washington DC suggested that we get the rash documented, and have my condition added to the Registry. I was told, "I don't care about your friends in Washington."

The doctor we finally saw was a foreign woman, with such a thick accent that we could not understand each other. In the course of her examination of me, we never saw her wash her hands or use gloves or any kind of protection. I was not told of any diagnosis of my unknown skin problem.

Every time the skin condition occurs, I have had it documented in my Air Force Reserve medical record. One particularly frustrating episode occurred in April of 1992 on a training weekend. I began to itch so badly I went to the Air Force dispensary. Much to my dismay, the Air Force dispensary was closed, so

I was turned over to the Navy dispensary. The Naval dermatologist made an incorrect prescription, which intensified the irritation and caused the sores to weep and ooze badly. At about this same time I began to experience elevated blood pressure, which was measured at this time at 190/120.

After this extremely frustrating episode, I went to the University of Pennsylvania Medical Center for a diagnosis of my condition. It was diagnosed as nummular diffuse eczema. Antibiotics have been prescribed for the skin infections I have experienced and synalar ointment for the running sores. It was not until February 21 of this year that a VA dermatologist agreed with the diagnosis and the treatment for my condition.

In July 1992 I went to the Veterans Outreach Mental Hygiene Clinic in Philadelphia for an evaluation. I was interviewed by a young woman who entered all my information into her computer. After a time, she informed me that my condition was not service-related, and that I would have to prove that it was, in fact, service-related. One month later I received a bill of $60 for this service, but was told not to pay it.

This $60 bill has also caused me some measure of anxiety. In February of this year, I received a second billing for the evaluation mentioned above. I telephone the VA in Philadelphia and told them I was told not to pay this bill, though I could not tell them the name of the person who gave me this advice.

In March of this year another bill for $60 arrived, with interest. I contacted the VA, and spoke to another VA employee who later told me that my records had been lost. However, I received a fourth billing shortly afterwards, with my name spelled correctly and my correct Social Security number on the bill.

In April I wrote to Mr. Pat Appigani, Chief of Medical Services at the Philadelphia VA Medical Center about this $60 bill I was

told on three occasions not to pay. I also included in that letter my experiences at the Philadelphia Medical Center in December of 1991. Copies of that letter were sent to U.S. Senator Arlen Specter, American Legion Legislative Director Steve Robertson, and U.S. Representative James Greenwood.

Later that month, I was contacted by a Ms. Roslyn Harris on behalf of Mr. Appigani and asked to provide the name of at least one person who had advised me not to pay this $60 bill. My wife then phoned Ms. Linda Wilson, Deputy Director at the Baltimore VA. During the course of their conversation Ms. Wilson told my wife, "Give the veteran a quarter and have him handle his own affairs," which upset my wife terribly. I was so incensed at Ms. Wilson's callous, unfeeling attitude that I returned her call and informed her, "You told me to spend a quarter and I'm spending it."

In the meantime, I continued to pursue my claim for service connection. In August of 1992, my information was submitted through the office of Representative Peter Kostmayer on my behalf. Even so, VA denied my claim. I tried again one month later, as a service representative of the Vietnam Veterans of American collected my papers relative to the appeal process and personally dropped them of at VA to an unnamed person. Unfortunately, he did not get a receipt for them. After getting no response from VA, earlier this month I was advised by Mr. Dwight Edwards, an official of the Pennsylvania Vietnam Veterans, to submit the same information with an updated letter to VA, asking that the appeal process be reopened. Inquiries to VA have revealed that they did not have the information sent to them in September 1992.

Also in September of 1992, we received information about the VA's Gulf War Registry from Linda Wilson in Baltimore. The article listed a Ms. Renee Davis at the Philadelphia VA Medical Center as the coordinator for the Registry. My wife called the

VA to set up an appointment with Ms. Davis. Once my wife told the woman why she was calling, Ms. Davis told my wife, "I don't care what paper you have, I am not the coordinator, and I don't know who is." My wife then spoke to another person and set up an appointment to for an interview when they began. I was put on the VA's Persian Gulf War Registry in October of 1992. However, two months later when we made a call to the Philadelphia VA concerning the registry, we were directed back to Ms. Davis, who told us, "I am now the coordinator of the Registry, and you talk to me."

During the time that I was trying to deal with my physical problems, I also participated in several psychological counseling sessions between July, 1992 and May, 1993. I found these meetings to be generally unproductive, as the major focus of these sessions was on Vietnam veterans and not on Gulf War veterans. Financial planning was discussed at one session, while a so-called "marriage encounter" took place at another. However, each of these programs occurred because they were of interest to the counselor, not because they were requested or needed by the participants.

My wife and I lodged several complaints, specifically in October 1992 and in April 1993, about the lack of sensitivity to the needs of Gulf War veterans at the counseling sessions. We were scheduled for another meeting this month, but we cancelled that appointment and went to a private psychologist instead. My wife and I felt that after ten and a half months that VA had done nothing right for us.

To date, Mr. Chairman, I have incurred unpaid medical insurance costs in excess of $3,400. Since June, 1991 I have also lost more than 135 hours from work. While these amounts may sound paltry, they are not paltry to me or my wife. Furthermore, there is just no reason for the consistently rude, unprofessional, uncaring behavior which we have encountered within the VA

system. My wife was sexually harassed and verbally insulted while I was serving this country overseas. In my opinion, the treatment I have received at the hands of the Department of Veterans Affairs has been no less shabby.

Mr. Chairman, we have given our side of the story over and again, and have been given only lip service by the arm of the federal government supposedly dedicated to serving veterans and their needs. We feel as though we have almost been reduced to a state of begging and groveling for services from VA, as though we were charity cases. We are not asking for charity; we are simply asking that a "grateful" nation honor the promises it made to its service members as they fought for this country and the principles it embraces.

Mr. Chairman, that concludes my statement; I thank you for your attention.

**STATEMENT OF THE FLEET RESERVE ASSOCIATION
TO THE HOUSE SUBCOMMITTEE
ON COMPENSATION, PENSION AND INSURANCE
HOUSE VETERANS AFFAIRS COMMITTEE
HEARING ON H.R. 3269**

Improvements in the procedures used by the Department of Veterans Affairs (DVA) to adjudicate claims for veterans' benefits is one of the more important issues concerning veterans' service organizations in the 103rd Congress. There are a number of reasons causing the DVA claims backlog and claims timeliness deterioration. Chief among those reasons is the lack of guidelines and procedures for veterans' claims adjudications. H.R. 3269 makes significant improvements in the procedures used by DVA in adjudicating claims for veterans' benefits and the Fleet Reserve Association firmly supports the Subcommittee's effort to correct problems in the claims adjudications process.

While the Fleet Reserve Association firmly supports H.R. 3269, there are a couple of matters that trouble our membership. First, there is no specific language concerning workload and record keeping duties. Will enactment of the bill require additional full time equivalent (FTE) employees to administer the reporting process of the bill? If so, does the DVA have to take on the additional work load with current resources or will additional resources be provided under another bill? Secondly, although specific Congressional guidelines and procedures will help to bring the claims backlog down, we believe that the lack of adjudicator training is a major problem that should be addressed with this legislation. Finally, will the annual report on the status of veterans' claims benefits be distributed to all veterans' service organizations?

Mr. Chairman, thank you for this opportunity to present our views. The members of the Fleet Reserve Association fully agree with the spirit of Chairman Slattery's efforts to reduce the DVA's claims backlog, and we trust that this hearing marks the beginning of a meaningful, constructive procedure to accomplish that task. America's veterans deserve no less than timely and proper decisions on their claims for veterans' benefits.

As always, the Fleet Reserve Association stands ready to work with the Congress on issues concerning the nation's veterans.

WRITTEN COMMITTEE QUESTIONS AND THEIR RESPONSES

CONGRESSMAN EVANS TO DEPARTMENT OF VETERANS AFFAIRS

FOLLOW-UP QUESTION FROM THE HONORABLE LANE EVANS

JUNE 8, 1993, HEARING
PERSIAN GULF WAR (PGW) VETERANS' CLAIMS

QUESTION: While Persian Gulf veterans do not pay for compensation and pension medical exams, do they have to pay for the travel and lodging costs?

Furthermore, if the exams take place only at the VAMCs designated to care for Persian Gulf veterans, don't these individuals have to miss work as they incur travel costs?

RESPONSE: Veterans are allowed reimbursement of necessary travel and lodging costs in connection with appearing for VA compensation and pension examinations.

The compensation examinations of the Persian Gulf War veterans do not take place only at the designated PGW referral centers-- they are scheduled at the VAMC nearest the veteran's residence. A veteran is sent to a designated PGW referral center only if unusual circumstances are encountered which make a longer period of observation and consultation desirable. To date, there have been fewer than 50 referrals.

VA has no statutory authority to reimburse veterans for missed work.

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